

Case Number:	CM14-0137408		
Date Assigned:	09/05/2014	Date of Injury:	01/19/2010
Decision Date:	11/18/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/26/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 61 year old female injured on 01/19/10 when a large man fell on top of her resulting in pain in the left hand. The injured worker reported progressive pain and difficulty using the left hand over the following 14 months. The injured worker initially underwent physical therapy and acupuncture followed by trigger finger release on 02/13/13. Clinical note dated 05/09/14 indicated the injured worker presented complaining of constant moderate achy wrist/hand and finger weakness rated 8/10. The injured worker suffered from depression and anxiety due to pain and inability to utilize hand. Physical examination revealed decreased grip strength, inability to make a fist, swelling to the left hand and fingers, and tenderness to palpation of the dorsal and volar wrist. Clinical note dated 07/07/14 indicated the injured worker presented complaining of constant mild to moderate dull, achy, throbbing left wrist pain, stiffness, heaviness, tingling, and weakness. Physical examination revealed right hand dominant decreased range of motion and pain. Treatment plan included continuation of prescribed medication including naproxen, omeprazole, hydrocodone, Zolpidem, and request for compounded topical analgesic. Initial request non-certified on 08/05/14.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Retrospective request for Transdermal Compound Cream (Tramadol 20%, and Flurbiprofen 20%, DOS: 11/05/2013): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113, 2010 Revision, Web Edition. Decision based on Non-MTUS Citation Official Disability Guidelines: Web Edition

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Compound drugs

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Further, CAMTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. This compound contains Tramadol and Flurbiprofen which have not been approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore Retrospective request for Transdermal Compound Cream (Tramadol 20%, and Flurbiprofen 20%, DOS: 11/05/2013) cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.

Retrospective request for Transdermal Compound Cream (Cyclobenzaprine 2%, Flurbiprofen 6%, and Ketoprofen 15%, DOS: 6/12/2013, 7/22/2013, 10/7/2013): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113, 2010 Revision, Web Edition. Decision based on Non-MTUS Citation Official Disability Guidelines: Web Edition

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Compound drugs

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Further, CAMTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. This compound contains Cyclobenzaprine, Flurbiprofen, and Ketoprofen which have not been approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore Retrospective request for Transdermal Compound Cream (Cyclobenzaprine 2%, Flurbiprofen 6%, and Ketoprofen 15%, DOS: 6/12/2013, 7/22/2013, 10/7/2013) cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.

Retrospective request for Transdermal Compound Cream (Capsaicin 0.0388889%, Menthol 2%, Camphor 2%, Ketoprofen 10%, Tramadol 10%, and Diclofen 20%, DOS: 6/12/2013, 7/22/2013, 10/7/2013): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113, 2010 Revision, Web Edition. Decision based on Non-MTUS Citation Official Disability Guidelines: Web Edition

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Compound drugs

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Further, CAMTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. This compound contains Ketoprofen and Tramadol which have not been approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore Retrospective request for Transdermal Compound Cream (Capsaicin 0.0388889%, Menthol 2%, Camphor 2%, Ketoprofen 10%, Tramadol 10%, and Diclofenac 20%, DOS: 6/12/2013, 7/22/2013, 10/7/2013) cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.

Retrospective request for Transdermal Compound Cream (Capsaicin 0.0375%, Flurbiprofen 10%, and Tramadol 20%, DOS: 9/5/2013): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113, 2010 Revision, Web Edition. Decision based on Non-MTUS Citation Official Disability Guidelines: Web Edition

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Compound drugs

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Further, CAMTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. This compound contains Tramadol and Flurbiprofen which have not been approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore Retrospective request for Transdermal Compound Cream (Capsaicin 0.0375%, Flurbiprofen 10%, and Tramadol 20%, DOS: 9/5/2013) cannot be

recommended as medically necessary as it does not meet established and accepted medical guidelines.

Retrospective request for Transdermal Compound Cream (Diclofen 20%, Dexameth 4%, Lidocaine 10%, Flurbiprofen 20%, DOS: 9/5/2013): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113, 2010 Revision, Web Edition. Decision based on Non-MTUS Citation Official Disability Guidelines: Web Edition

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Compound drugs

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Further, CAMTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. This compound contains Flurbiprofen which has not been approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore Retrospective request for Transdermal Compound Cream (Diclofenac 20%, Dexameth 4%, Lidocaine 10%, Flurbiprofen 20%, DOS: 9/5/2013) cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.

Retrospective request for Medrox Transdermal Patches (Menthol, Capsaicin, and Methyl Salicylate, #30, DOS: 5/31/2013): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113, 2010 Revision, Web Edition. Decision based on Non-MTUS Citation Official Disability Guidelines: Web Edition

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. This compound is noted to contain capsaicin, menthol, and methyl salicylate. There is no indication in the documentation that the injured worker cannot utilize the readily available over-the-counter version of this medication without benefit. As such, the Retrospective request for Medrox Transdermal Patches (Menthol,

Capsaicin, and Methyl Salicylate, #30, DOS: 5/31/2013) cannot be recommended as medically necessary.

Retrospective request for Transdermal Compound Cream (Capsaicin 0.025%, Menthol 2%, Camphor 2%, Tramadol 10%, and Flurbiprofen 20%, DOS: 11/05/2013): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113, 2010 Revision, Web Edition. Decision based on Non-MTUS Citation Official Disability Guidelines: Web Edition

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Compound drugs

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Further, CAMTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. This compound contains Tramadol and Flurbiprofen which have not been approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore Retrospective request for Transdermal Compound Cream (Capsaicin 0.025%, Menthol 2%, Camphor 2%, Tramadol 10%, and Flurbiprofen 20%, DOS: 11/05/2013) cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.