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| Case Number: | CM14-0142182 | | |
| Date Assigned: | 09/10/2014 | Date of Injury: | 06/06/2013 |
| Decision Date: | 10/06/2014 | UR Denial Date: | 08/16/2014 |
| Priority: | Standard | Application Received: | 09/02/2014 |

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 49 year old male with complaints of right wrist pain. The date of injury is 6/6/13 and the mechanism of injury is right thumb amputation. At the time of request for Capsaicin .025%/Flurbiprofen 20%/Tramadol 15%/Menthol 2%/Camphor 2% 210g and Flurbiprofen 20%/Tramadol 15% 210g, there is subjective (right wrist pain) and objective (well healed scare over thumb stump, tenderness to palpation, bilateral neuromas of ulnar and radial digital nerves with tenderness to palpation, diminished sensory distribution ulnar and radial nerves, motor strength decreased right hand) findings, imaging findings (no reports submitted), diagnoses (right wrist pain, s/p right distal phalanx thumb amputation), and treatment to date (x-ray, MRI, surgery, medications, physical therapy). Any compounded drug that contains at least one drug that is not recommended, the compounded drug cannot be recommended. In regards to the requested compounded topical agents, the only topical agent that is FDA approved is capsaicin 0.025% which is indicated for neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.025%/Flurbiprofen 20%/Tramadol 15%/Menthol 2%/Camphor 2% 210gm
QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Topical analgesics.

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

Decision rationale: Capsaicin 0.025%-Flurbiprofen 20%-Tramadol 15%-Menthol 2%-Camphor 2% is a compounded topical analgesic. Per MTUS-Chronic Pain Medical Treatment guidelines, any compounded drug that contains at least one drug that is not recommended, the compounded drug cannot be recommended. The only topical agent that is FDA approved is capsaicin 0.025% which is indicated for neuropathic pain. The other medications are not currently approved topical analgesic agents. Therefore, this compounded topical analgesic is not medically necessary.

Flurbiprofen 20%/Tramadol 15% 210gm QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

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

Decision rationale: Flurbiprofen 20%-Tramadol 15% is a compounded topical analgesic. Per MTUS-Chronic Pain Medical Treatment guidelines, any compounded drug that contains at least one drug that is not recommended, the compounded drug cannot be recommended. None of these medications are currently approved topical analgesic agents. Therefore, this compounded topical analgesic is not medically necessary.