

Case Number:	CM14-0109710		
Date Assigned:	08/01/2014	Date of Injury:	10/12/2012
Decision Date:	11/03/2015	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/14/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 62 year old male, who sustained an industrial injury on 10-12-12. He is diagnosed with trigger fingers. His work status was full duty, no restrictions. A note dated 6-13-14 reveals the injured worker presented with complaints of right wrist and hand pain and twinges at the "dorsal ulnar aspect of the wrist" and experiences difficulty bearing weight on the wrist. A note dated 4-9-14 reveals complaints of right wrist pain described as sore and rated at 3 out of 10. A physical examination dated 6-13-14 revealed trigger at "second digit PIP" on the right hand, "diffuse swelling at the dorsal aspect of the forearm, central small nodular fullness" and wrist tenderness on the "dorsal aspect is 2+". Treatment to date has included home exercise program, casted for a right distal radius and ulnar styloid fractures, trigger fingers injected (allowed for progress with grip), physical therapy (mild improvement) and Naproxen (good improvement), per note dated 6-13-14. Diagnostic studies to date have included x-rays. A request for authorization dated 6-25-14 for FluriFlex cream 15-10%, 240 grams and TGHOT cream 8-10-2-2-0.5% 240 grams are denied, per Utilization Review letter dated 7-1-14.

IMR ISSUES, DECISIONS AND RATIONALES

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

FluriFlex cream 15/10%, 240gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain), NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics.

Decision rationale: Fluriflex is a compounded topical analgesic containing Flurbiprofen and cyclobenzaprine. The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Topical NSAIDs have been shown to be superior to placebo for 4-12 weeks for osteoarthritis of the knee. The injured worker's pain is not described as pain from osteoarthritis. Topical flurbiprofen is not an FDA approved formulation. The MTUS Guidelines state that there is no evidence for use of muscle relaxants, such as cyclobenzaprine, as a topical product. As at least one of the medications in the requested compounded medication is not recommended by the established guidelines, the request for FluriFlex cream 15/10%, 240gm is determined to not be medically necessary.

TGHot cream 8/10/2/2/.05%, 240gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Capsaicin, topical, Topical Analgesics.

Decision rationale: The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. These guidelines report that topical ketoprofen is not FDA approved, and is therefore not recommended by these guidelines. The MTUS Guidelines do not recommend the use of topical gabapentin as there is no peer-reviewed literature to support use. The MTUS Guidelines state that tramadol is not recommended as a first-line oral analgesic. The MTUS Guidelines do not specifically address the use of topical tramadol. Menthol is not addressed by the MTUS Guidelines, but it is often included in formulations of anesthetic agents. It induces tingling and cooling sensations when applied topically. Menthol induces analgesia through calcium channel-blocking actions, as well as binding to kappa-opioid receptors. Menthol is also an effective topical permeation enhancer for water-soluble drugs. There are reports of negative effects from high doses of menthol such as 40% preparations. Camphor is not addressed by the MTUS Guidelines or the ODG, but it is often included in formulation as of anesthetic agents. It is used topically to relieve pain and reduce itching. It is used topically to increase local blood flow and as a counterirritant which reduces pain and swelling by causing irritation. Topical capsaicin is recommended by the MTUS Guidelines only as an option in patients who have not responded or are intolerant to other treatments. There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain. Capsaicin is generally available as a 0.025% formulation as a treatment for osteoarthritis and a 0.075% formulation

primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain. As at least one of the medications in the requested compounded medication is not recommended by the established guidelines, the request for TGHot cream 8/10/2/2/.05%, 240gm is determined to not be medically necessary.