

Case Number:	CM13-0066711		
Date Assigned:	01/03/2014	Date of Injury:	07/14/2011
Decision Date:	05/13/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/16/2013

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 Physical Medicine & Rehabilitation 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:

This 50 year-old male sustained an injury on 7/14/11 while employed by [REDACTED]. Requests under consideration include FLURIFLEX COMPOUNDED CREAM, TGICE COMPOUNDED CREAM, and HYDROCODONE/ APAP 10/325MG #60. Report of 10/14/13 from the provider noted the patient with complaints of ongoing right wrist and hand pain with aching, stabbing, pins and needles. The patient takes Norco for pain. He had an EMG/NCV of the bilateral upper extremities on 7/12/13 which was interpreted as normal. Exam showed arthroscopic scars at the distal ulna; tenderness of dorsal ulnar and volar aspects of the wrist with decreased motion in all planes with ranges; crepitus and decreased grip strength with sensitivity along the ulnar distribution of elbow and right wrist. Diagnoses included right wrist overuse teninopathy/arthropathy and right wrist internal derangement. Requests for the above medications were non-certified on 12/6/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLURIFLEX COMPOUNDED CREAM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section Page(s): 111-113.

Decision rationale: This 50 year-old male sustained an injury on 7/14/11 while employed by [REDACTED]. Requests under consideration include FLURIFLEX COMPOUNDED CREAM, TGICE COMPOUNDED CREAM, and HYDROCODONE/ APAP 10/325MG #60. Report of 10/14/13 from the provider noted the patient with complaints of ongoing right wrist and hand pain with aching, stabbing, pins and needles. The patient takes Norco for pain. He had an EMG/NCV of the bilateral upper extremities on 7/12/13 which was interpreted as normal. Exam showed arthroscopic scars at the distal ulna; tenderness of dorsal ulnar and volar aspects of the wrist with decreased motion in all planes with ranges; crepitus and decreased grip strength with sensitivity along the ulnar distribution of elbow and right wrist. Diagnoses included right wrist overuse teninopathy/ arthropathy and right wrist internal derangement. Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient without contraindication in taking oral medications. There is no information or clarification provided as to what is/are the ingredients for this topical cream and how it is medically necessary to treat this injured worker who is not intolerable to oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical compounded analgesic. The FLURIFLEX COMPOUNDED CREAM is not medically necessary and appropriate.

TGICE COMPOUNDED CREAM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS, Page(s): 111-113.

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient without contraindication in taking oral medications. Submitted reports have not demonstrated any functional improvement, specific pain relief on VAS rating, and change in work status or increase in activities of daily living functions from treatment already rendered to treat this chronic injury of 2011. Submitted reports have not adequately documented the indication or medical need for this topical compounded analgesic outside guidelines recommendations. The TGICE COMPOUNDED CREAM is not medically necessary and appropriate.

HYDROCODONE/APAP 10/325MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, Page(s): 74-96.

Decision rationale: This 50 year-old male sustained an injury on 7/14/11 while employed by [REDACTED]. Requests under consideration include FLURIFLEX COMPOUNDED CREAM, TGICE COMPOUNDED CREAM, and HYDROCODONE/ APAP 10/325MG #60. Report of 10/14/13 from the provider noted the patient with complaints of ongoing right wrist and hand pain with aching, stabbing, pins and needles. The patient takes Norco for pain. He had an EMG/NCV of the bilateral upper extremities on 7/12/13 which was interpreted as normal. Exam showed arthroscopic scars at the distal ulna; tenderness of dorsal ulnar and volar aspects of the wrist with decreased motion in all planes with ranges; crepitus and decreased grip strength with sensitivity along the ulnar distribution of elbow and right wrist. Diagnoses included right wrist overuse teninopathy/ arthropathy and right wrist internal derangement. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The HYDROCODONE/APAP 10/325MG #60 is not medically necessary and appropriate.