

Case Number:	CM14-0132717		
Date Assigned:	09/18/2014	Date of Injury:	08/19/1997
Decision Date:	10/24/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/19/2014

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 Physical Medicine and 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 73 year-old patient sustained an injury on 8/19/1997 from picking up a heavy box of envelopes while employed by [REDACTED]. Request(s) under consideration include Flurbiprofen Powder (20%/ 8%/ 8%/ 4%) 180 grams, 2-3 times daily as needed and Bio-Therm Pain Relieving 0.002-10-20%, 4 ounce lotion, apply a thin layer 2-3 times daily as needed. Diagnosis list carpometacarpal arthritis. Report of 7/8/14 from the provider noted the patient with ongoing chronic bilateral thumb pain with tenderness, decreased range and diminished thumb grasp. Exam showed normal inspection and palpation of bilateral wrists; normal motion, strength, tone and functional testing; full strength at bilateral abductor pollicis brevis; tenderness over bilateral carpometacarpal joints. Treatment included braces, radiological exam, comfort cool and topical compound medications. Current medications list Pantoprazole, Carvedilol, Furosemide, Azithromycin, Aspirin, Lisinopril, Advair diskus, and Proair HFA, and Spiriva Handihaler. The request(s) for Flurbiprofen Powder (20%/ 8%/ 8%/ 4%)180 grams, 2-3 times daily as needed was non-certified and Bio-Therm Pain Relieving 0.002-10-20%, 4 ounce lotion, apply a thin layer 2-3 times daily as needed was certified on 7/21/14 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:

Flurbiprofen Powder 180 grams, 2-3 times daily as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 05/15/14)

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

Decision rationale: This 73 year-old patient sustained an injury on 8/19/1997 from picking up a heavy box of envelopes while employed by [REDACTED]. Request(s) under consideration include Flurbiprofen Powder 180 grams, 2-3 times daily as needed and Bio-Therm Pain Relieving 0.002-10-20%, 4 ounce lotion, apply a thin layer 2-3 times daily as needed. Diagnosis list carpometacarpal arthritis. Report of 7/8/14 from the provider noted the patient with ongoing chronic bilateral thumb pain with tenderness, decreased range and diminished thumb grasp. Exam showed normal inspection and palpation of bilateral wrists; normal motion, strength, tone and functional testing; full strength at bilateral abductor pollicis brevis; tenderness over bilateral carpometacarpal joints; and positive grind test bilaterally. Treatment included braces, radiological exam, comfort cool and topical compound medications. Current medications list Pantoprazole, Carvedilol, Furosemide, Azithromycin, Aspirin, Lisinopril, Advair diskus, and Proair HFA, and Spiriva Handihaler. The request(s) for Flurbiprofen Powder 180 grams, 2-3 times daily as needed was non-certified and Bio-Therm Pain Relieving 0.002-10-20%, 4 ounce lotion, apply a thin layer 2-3 times daily as needed was certified on 7/21/14. Per Guidelines, The efficacy in clinical trials for this treatment modality has been inconsistent and no long-term studies have shown their effectiveness or safety. Topical NSAIDs may be recommended for Non-neuropathic pain (soft tissue injury and osteoarthritis) after failure of an oral NSAID or contraindications to oral NSAIDs after consideration of increase risk profile of severe hepatic reactions including liver necrosis, jaundice, fulminant hepatitis, and liver failure (FDA, 2009), but has not been demonstrated here. The efficacy in clinical trials for topical NSAIDs has been inconsistent and most studies are small and short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but not afterward, as effectiveness is diminished similar to placebo effect. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety beyond 2 weeks especially for this 1997 injury without report of acute flare-up or new injuries. There is no documented functional benefit from treatment already rendered. The Topical Flurbiprofen Powder (20%/ 8%/ 8%/ 4%)180 grams, 2-3 times daily as needed is not medically necessary and appropriate.