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| Case Number: | CM14-0154941 | | |
| Date Assigned: | 09/25/2014 | Date of Injury: | 01/16/2002 |
| Decision Date: | 10/27/2014 | UR Denial Date: | 09/08/2014 |
| Priority: | Standard | Application Received: | 09/22/2014 |

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, has a subspecialty in Interventional Spine 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 patient is a 53-year-old female with date of injury of 01/16/2002. The listed diagnoses per [REDACTED] are: 1. Tendonitis, right wrist. 2. Carpal tunnel syndrome, right wrist. According to progress report 08/15/2014, the patient presents with pain in the right wrist with repetitive use. She also has numbness and tingling in the right hand. Examination of the right wrist revealed full range of motion is present and there is tenderness over the right wrist with no effusion. Treater is requesting topical cream flurbiprofen. Utilization review denied the request on 09/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Day Supply of 30 GM Flurbiprofen: 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 creams, chronic pain section Page(s): p111,.

Decision rationale: This patient presents with continued pain in the right wrist with numbness and tingling in the right hand. The treater is requesting a refill of the topical cream flurbiprofen.

For Flurbiprofen, MTUS states, "the efficacy in clinical trials for this treatment modality has been inconsistent, and most studies are small and of short duration. Topical NSAIDs had been shown in the meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis. Indications for use are osteoarthritis and tendinitis (in particular, that of the knee and elbow) or other joints that are amendable to topical treatment." The Utilization review denied the request stating that "there is no documentation of osteoarthritis and tendinitis." On the contrary, the patient suffers from chronic right wrist tendonitis. However, the treater has prescribed this medication since at least 04/11/14 without discussing whether this medication has provided pain relief or functional improvement. MTUS page 60 require documentation of pain assessment and functional changes when medications are used for chronic pain. Given the lack of discussion of this medications efficacy, therefore, 3 Day Supply of 30 GM Flurbiprofen are not medically necessary.

30 Day Supply of 120 GM Flurbiprofen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Agents (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical creams(chronic pain section): Medications for chronic pain Page(s): p111,.

Decision rationale: This patient presents with continued pain in the right wrist with numbness and tingling in the right hand. The treater is requesting a refill of the topical cream flurbiprofen. For Flurbiprofen, MTUS states, "the efficacy in clinical trials for this treatment modality has been inconsistent, and most studies are small and of short duration. Topical NSAIDs had been shown in the meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis. Indications for use are osteoarthritis and tendinitis (in particular, that of the knee and elbow) or other joints that are amendable to topical treatment." The Utilization review denied the request stating that "there is no documentation of osteoarthritis and tendinitis." On the contrary, the patient suffers from chronic right wrist tendonitis. However, the treater has prescribed this medication since at least 04/11/14 without discussing whether this medication has provided pain relief or functional improvement. MTUS page 60 require documentation of pain assessment and functional changes when medications are used for chronic pain. Given the lack of discussion of this medications efficacy, recommendation is for denial. Therefore, 30 Day Supply of 120 GM Flurbiprofen are not medically necessary.