

Case Number:	CM14-0169529		
Date Assigned:	10/17/2014	Date of Injury:	11/02/2011
Decision Date:	11/19/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/14/2014

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. The expert reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 injured worker is a 58-year-old woman who sustained a work-related injury on November 2, 2011. Subsequently, she developed with pain in her right upper extremity and left knee. The according to a progress report dated on September 17, 2014, the injured worker was complaining to of right upper extremity pain with numbness over the median nerve distribution and left knee pain. Her physical examination demonstrated signs of carpal tunnel syndrome on the right side and left knee tenderness. The injured worker was diagnosed with carpal tunnel syndrome. The provider request authorization to use the topical analgesic mentioned below.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20% & Lidocaine 5% Cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Topical Analgesics.

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is

limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no evidence that Flurbiprofen or any other compound of the proposed topical analgesic is recommended as topical analgesics for chronic limb pain. Flurbiprofen, a topical analgesic is not recommended by MTUS guidelines. Based on the above, Flurbiprofen 20% & Lidocaine 5% cream is not medically necessary.