

Case Number:	CM14-0178838		
Date Assigned:	11/03/2014	Date of Injury:	05/24/2012
Decision Date:	12/08/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/28/2014

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 58 year-old patient sustained an injury on 5/24/12 while employed by [REDACTED]. The request under consideration includes Topical Flurbiprofen 25% topical compound cream 30gm and Topical compound Flurbiprofen tube 120gm. The diagnoses include bilateral carpal tunnel syndrome and bilateral lateral epicondylitis. Report of 9/29/14 from the provider noted the patient with chronic worsening pain symptoms in the wrists and upper extremities; left elbow pain extends to the neck associated with numbness in hands; persistent neck and lower back pain; pain rated at 8/10 with activities of daily living (ADL) limitation of 35% normal; medications improve to 60%. Exam showed full range of motion in both elbows and wrists with associated tenderness at medial and lateral epicondyles; decreased sensation to thumb, ring, and middle digits bilaterally; normal deep tendon reflex, normal sensation, and normal motor strength in upper extremities. Treatment included MRI of cervical spine, EMG/NCV of upper extremities; consult for TOS, physical therapy twice per week for eight weeks for the cervical spine; home exercise program; future urine drug screen, wrist braces, and topical compounds. The patient remained Permanent and Stationary (P&S) per AME was noted. It is unclear if the patient was working only if modification was available. The request for Topical Flurbiprofen 25% topical compound cream 30gm and Topical compound Flurbiprofen tube 120gm non-certified on 10/10/14 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:

30gm Flurbiprofen 25% topical compound 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 Medical Treatment 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 with spinal and multiple joint pains without specific contraindication in taking oral medications. It was noted the topical cream was "to reduce impact on the patient's GI"; however, there is no documented GI symptoms, clinical findings, diagnoses or previous history of GI complications to support for the compounded topical. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic P&S injury of 2012 without documented functional improvement from treatment already rendered. The Topical Flurbiprofen 25% topical compound cream 30gm is not medically necessary.

120gm Flurbiprofen tube: 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 Medical Treatment 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 with spinal and multiple joint pains without specific contraindication in taking oral medications. It was noted the topical cream was "to reduce impact on the patient's GI"; however, there is no documented GI symptoms, clinical findings, diagnoses or previous history of GI complications to support for the compounded topical. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic P&S injury of 2012 without documented functional improvement from treatment already rendered. The Topical compound Flurbiprofen tube 120gm is not medically necessary.