

Case Number:	CM14-0036967		
Date Assigned:	06/25/2014	Date of Injury:	02/05/2010
Decision Date:	08/19/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/27/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California and Washington. 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 63-year-old male with a reported date of injury on 02/05/2010. The mechanism of injury was not provided. The injured worker's diagnoses included left elbow epicondylitis, left wrist tenosynovitis with overuse tendinopathy, left wrist partial thickness tear of the triangular fibrocartilage, lumbar hyperextension/ hyperflexion, left knee degenerative joint disease and status post left wrist open reduction of extensor carpi ulnaris tendon sheath. Prior treatments included at-home exercise and strengthening program. The injured worker had an examination on 10/31/2013 with continued complaints of mild to moderate left wrist symptomology. The injured worker returned to work with modified duty and was doing okay with his restrictions. He reported after a long day of work he had left wrist flare-ups. He did participate in his at-home exercise and strengthening program. Upon examination of the left wrist there was tenderness noted to the styloid process. The range of motion was mildly reduced. The flexion, extension and pronation aggravated the injured worker's main complaint. There was decreased sensation in the median nerve on the left and in the radial nerve on the right. The medication list consisted of tramadol ER. The recommended plan of treatment was to have a short trial of physical therapy to his left wrist, a smart glove for use while at work, continue his exercise program at home including his strengthening and stretching. The Request for Authorization and the rationale were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flur mild (flubiprofen 20%, capsaicin 0.025%, menthol 5%) transderm: 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 ANALGESICS Page(s): 111-113.

Decision rationale: The request for flur mild (flubiprofen 20%, capsaicin 0.025%, menthol 5%) transderm is non-certified. The injured worker does have an injury to his wrist and has returned to work. The injured worker takes tramadol as needed for pain. The California MTUS Guidelines note topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines state NSAIDs are recommended for topical application for patients with osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The guidelines state capsaicin is only recommended as an option in patients who have not responded or are intolerant to other treatments. Within the provided documentation there is no indication the injured worker has a diagnosis of osteoarthritis or tendinitis to a joint amenable to topical treatment. There is no documentation indicating that the injured worker has not responded or is intolerant to any other treatments. Additionally, the request does not indicate the frequency at which the medication is prescribed or the site at which it is to be applied in order to determine the necessity of the medication. Therefore, the flur mild transderm is non-certified.