

Case Number:	CM14-0068824		
Date Assigned:	07/14/2014	Date of Injury:	07/29/2008
Decision Date:	09/10/2014	UR Denial Date:	04/19/2014
Priority:	Standard	Application Received:	05/13/2014

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 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 57-year-old patient sustained an injury on 7/29/08 while employed by [REDACTED]. Mechanism of injury occurred during an earthquake knocked over a monitor onto her old right palm knot from surgery 10 years prior. Request(s) under consideration include Flurb/Lido for the right date of service 3/17/14. Diagnoses include status post (s/p) nerve graft for excision of right median nerve tumor; failed left thumb trigger finger release; and right ankle neuroma s/p prior cervical nerve graft harvest. The patient was authorized for right ankle sural nerve exploration for neurolysis and/or neurectomy. Reports of 10/16/13 and 1/22/14 noted patient with left thumb tenderness to palpation over A1 pulley and positive triggering; right ankle/foot with TTP and hypersensitivity; positive Tinel's over distal incision of postero-lateral ankle in sural nerve distribution; edema. Treatment included scheduling for pre-op clearance. There is RFA from the provider with request for retrospective Anaprox, Norco, and Protonix. Request(s) for Flurb/Lido for the right date of service 3/17/14 was non-certified on 4/19/14 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:

Flurb/Lido for the right date of service 3/17/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed Page(s): 111-113.

Decision rationale: This 57-year-old patient sustained an injury on 7/29/08 while employed by [REDACTED]. Mechanism of injury occurred during an earthquake knocked over a monitor onto her old right palm knot from surgery 10 years prior. Request(s) under consideration include Flurb/Lido for the right date of service 3/17/14. Diagnoses include s/p nerve graft for excision of right median nerve tumor; failed left thumb trigger finger release; and right ankle neuroma s/p prior cervical nerve graft harvest. The patient was authorized for right ankle sural nerve exploration for neurolysis and/or neurectomy. Reports of 10/16/13 and 1/22/14 noted patient with left thumb tenderness to palpation over A1 pulley and positive triggering; right ankle/foot with TTP and hypersensitivity; positive Tinel's over distal incision of postero-lateral ankle in sural nerve distribution; edema. Treatment included scheduling for pre-op clearance. There is RFA from the provider with request for retrospective Anaprox, Norco, and Protonix. Request(s) for Flurb/Lido for the right date of service 3/17/14 was non-certified on 4/19/14. Per MTUS Chronic Pain 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 analgesic over oral NSAIDs or other pain relievers for a patient without contraindication in taking oral medications with concurrent Anaprox NSAID. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic. The Flurb/Lido for the right date of service 3/17/14 is not medically necessary and appropriate.