

Case Number:	CM14-0087524		
Date Assigned:	07/23/2014	Date of Injury:	06/28/2013
Decision Date:	12/10/2014	UR Denial Date:	05/17/2014
Priority:	Standard	Application Received:	06/11/2014

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 Interventional Spine Pain Management 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 26 year old female with an injury date of 06/28/13. Based on the progress report dated 01/23/14 provided by [REDACTED], the patient complains of wrist pain. Per progress report dated 11/15/13 provided by [REDACTED], the patient complains of bilateral wrist pain that is rated at 2/10 after use and around 2-3/10 at rest. Physical examination reveals active and passive painful range of motion in both the wrists. Progress report stated 08/06/13, provided by the same physician, states that the patient did not experience a pain in the right wrist at rest but experienced left wrist pain rated at 3/10 at rest. The left wrist pain was sharp and could increase to 4/10 after use. The patient attended 7-8 sessions of physical therapy and benefited significantly from them, as per progress report dated 11/15/13. Four more sessions were left at that point. The patient is also taking ibuprofen to manage her pain. MRI of the Left Wrist, 08/22/13 shows Tendinosis of the exterior carpi ulnaris tendon. Diagnosis, 11/15/13 are Sprain of Wrist (Right), Sprain of Wrist (Left), Tenosynovitis of the hand/ wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription drug, generic-Flurbiprofen/Cyclobenzaprine/Menthol topical.Retrospective request, dispensed 2/13/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical creams, Topical Analgesics Page(s): 111-112.

Decision rationale: The patient presents with bilateral wrist pain rated 2-3/10 at rest and after use. The request is for Prescription Drug - Generic - Flurbiprofen/ Cyclobenzaprine/ Menthol Topical. Retrospective request, dispensed 02/13/14. The patient received 7-8 sessions of physical therapy, per progress report dated 11/15/13, with four more sessions to go. MRI scan dated 08/22/13 revealed tendinosis of the exterior carpi ulnar is tendon. The MTUS guidelines do not support the use of topical NSAIDs such as Flurbiprofen for axial, spinal pain, but supports its use for peripheral joint arthritis and tendinitis. However, it states that there is no evidence for use of any other muscle relaxant such as cyclobenzaprine as a topical product. MTUS Guidelines also provide clear discussion regarding topical compounded creams on page 111. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, this request is not medically necessary.