MAXIMUS Federal Services

Case Number:	CM14-0194556		
Date Assigned:	12/02/2014	Date of Injury:	02/01/2014
Decision Date:	01/15/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	11/19/2014

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 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 31 year old female with an injury date of 02/01/14. Based on the 11/05/14 progress report provided by treating physician, the patient complains of bilateral wrist pain, anxiety and stress. Physical examination revealed bilateral wrist tenderness to palpation dorsal/palmar aspect and decreased sensation to the bilateral upper extremities median nerve distribution. Positive Tinel's and Phalen's bilaterally. Patient has been dispensed Naproxen Sodium in progress reports dated 08/29/14 and 10/30/14 and her pain has been rated 8/10. The physician is taking over care and initiating patient on Mobic and Fluriflex lotion per Dr.'s First Report dated 11/05/14. Patient is temporarily totally disabled. EMG of the Upper Extremities 10/01/14 - bilateral carpal tunnel syndrome, moderate on the right and mild on the left, due to prolonged median motor sensory latencies across the units - no evidence of ulnar neuropathy, radial neuropathy, or cervical radiculopathy. Diagnosis as of 11/05/14 includes bilateral wrist strain/sprain, bilateral wrist carpal tunnel syndrome, per patient's history, depression, situational, and sleep disturbance secondary to pain. The utilization review determination being challenged is dated 11/18/14. The rationale follows: Fluriflex: "...topical medications have not been adequately proven with regards to overall efficacy... and Mobic: "... There is no evidence to recommend one drug in this class over another based on efficacy." Treatment reports were provided from 08/29/14 - 11/05/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluriflex 180gm: 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 creams, Topical analgesics Page(s): 111.

Decision rationale: The patient presents with bilateral wrist pain, anxiety and stress. Patient's diagnosis on 11/05/14 included bilateral wrist strain/sprain and bilateral wrist carpal tunnel syndrome. EMG of the Upper Extremities dated 10/01/14 revealed "bilateral carpal tunnel syndrome, moderate on the right and mild on the left, due to prolonged median motor sensory latencies across the units." Patient has been dispensed Naproxen Sodium in progress reports dated 08/29/14 and 10/30/14 and her pain was rated 8/10. Patient is temporarily totally disabled. MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period." The physician is taking over care and initiating patient on Fluriflex lotion per Dr.'s First Report dated 11/05/14. The physician has not provided reason for the request. However, review of reports does not show documentation that patient presents with osteoarthritis, for which the lotion would be indicated according to MTUS guidelines. Therefore the request is not medically necessary.

Mobic 7.5mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Page(s): 22.

Decision rationale: The patient presents with bilateral wrist pain, anxiety and stress. Patient's diagnosis on 11/05/14 included bilateral wrist strain/sprain and bilateral wrist carpal tunnel syndrome. EMG of the Upper Extremities dated 10/01/14 revealed "bilateral carpal tunnel syndrome, moderate on the right and mild on the left, due to prolonged median motor sensory latencies across the units." Patient is temporarily totally disabled. Regarding NSAID's, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. It is also supported for other chronic pain conditions. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. UR letter dated 11/18/14 states "... There is no evidence to recommend one drug in this class over another based on efficacy." The physician is taking over care and initiating patient on Mobic per Dr.'s First Report dated 11/05/14. Patient has been dispensed Naproxen Sodium in progress reports dated 08/29/14 and 10/30/14 and her pain was rated 8/10. Patient still presents with pain and it appears

reasonable to initiate a new medication planned by current treating physician. The request is medically necessary.