

Case Number:	CM14-0097486		
Date Assigned:	07/23/2014	Date of Injury:	08/03/2011
Decision Date:	01/02/2015	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/12/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic thumb pain, hand pain, depression, anxiety, elbow pain, and headaches reportedly associated with an industrial injury of August 3, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; anxiolytic medications; psychotropic medications; sleep aids; unspecified amounts of psychotherapy over the course of the claim; unspecified amounts of physical therapy; topical compounded medications; earlier elbow epicondylar release surgery; and extensive periods of time off of work. In a Utilization Review Report dated May 30, 2014, the claims administrator failed to approve a request for a topical-compounded Flurbiprofen-containing agent, failed to approve a request for Imitrex, and failed to approve a request for Fioricet. In a psychiatric medical-legal evaluation of December 6, 2013, the applicant was given a 21% whole-person impairment rating based on a Global Assessment of Functioning (GAF) of 56. The applicant's medication list included Ativan, Wellbutrin, Zoloft, Restoril, and Axid, it was noted. In addition to having issues with depression, the applicant also had issues with gastritis, sleep disorder, and migraines, it was noted. On November 18, 2013, the applicant was placed off of work, on total temporary disability, from a medical standpoint owing to multifocal complaints of wrist, hand, and elbow pain with ancillary complaints of dyspepsia and GI upset. On January 24, 2014, the applicant was placed off of work, on total temporary disability. The treating provider stated that the applicant was using Imitrex, Butalbital, Prilosec, and a Flurbiprofen-containing topical compound on this occasion. The applicant was experiencing headaches, the attending provider acknowledged, but did not describe the nature of the headaches. The attending provider stated that he was endorsing the applicant's application for Social Security Disability Insurance (SSDI). On March 25, 2014, the applicant was asked to continue Imitrex, Fioricet, and a Flurbiprofen-containing topical compounded medication while

remaining off of work, on total temporary disability. On April 25, 2014, the applicant's headaches, elbow pain, and wrist pain were described as worsened. The applicant was having difficulty using the affected right upper extremity secondary to pain, it was acknowledged. The applicant was using Imitrex, Butalbital, Prilosec, and the Flurbiprofen-containing topical compound at issue. The applicant was given diagnoses of elbow pain status post earlier elbow epicondylar release, bilateral carpal tunnel syndrome, and synovitis versus tenosynovitis of the right thumb. The applicant was again placed off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 25% topical cream 30mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics. Non-steroidal anti-inflammatories. Decision based on Non-MTUS Citation Official Disability Guidelines-Compound Drugs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs section, Functional Restoration Approach to Chronic Pain Management section, 9792.

Decision rationale: While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical NSAIDs, such as Flurbiprofen, do play a role in the treatment of osteoarthritis and/or tendinitis of small joints which are amenable to topical application, such as the elbow, the primary pain generation here, this recommendation is, however, qualified on commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant is off of work, on total temporary disability. The applicant is apparently having difficulty performing activities, such as gripping and grasping, despite ongoing usage of the Flurbiprofen-containing topical compound at issue. Ongoing usage of a Flurbiprofen-containing topical compound, thus, has seemingly failed to affect any lasting benefit or functional improvement as defined in MTUS 9792.20f. Therefore, the request is not medically necessary.

Imitrex: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Triptans

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management section Page(s): 7-8. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Food and Drug Administration (FDA), Imitrex Medication Guide.

Decision rationale: The MTUS does not address the topic. While the Food and Drug Administration (FDA) does acknowledge that Imitrex is indicated for the treatment of acute migraine headaches with or without aura, the FDA qualifies its recommendation by noting that

Imitrex should be employed only when a clear diagnosis of migraine headaches has been established. Here, however, the attending provider did not state how the diagnosis of migraine headaches has been arrived upon in any of the progress notes, referenced above. The attending provider did not describe or relate associated symptoms of nausea, vomiting, photophobia, auras, etc., which might help to establish the suspected diagnosis of migraine headaches, here. Usage of Imitrex for nonspecific headaches here, thus, in effect, amounts to usage of Imitrex for non-FDA labeled purposes. The attending provider did not furnish any compelling applicant-specific rationale or medical evidence which would support such usage. Therefore, the request is not medically necessary.

Fioricet: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents. Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-Containing Analgesics topic Page(s): 23.

Decision rationale: As noted on page 23 of the MTUS Chronic Pain Medical Treatment Guidelines, barbiturate-containing analgesics, such as Fioricet are "not recommended" in the chronic pain context present here. The attending provider did not furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable MTUS position on the article at issue. Therefore, the request is not medically necessary.