MAXIMUS Federal Services

Case Number:	CM15-0003334		
Date Assigned:	01/14/2015	Date of Injury:	08/27/2014
Decision Date:	03/12/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/07/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 28 year old, right hand dominant male, who sustained an industrial injury (left hand contusion) while cleaning a metal bar that broke on a sanding machine on 8/27/14. Past medical history was negative. Upon initial examination there was diffuse swelling, left hand to wrist, 1 cm laceration with bleeding. Per x-ray's, diagnoses have included left metacarpal fracture, displaced, comminuted, open; left hand laceration. Symptoms included left wrist and hand pain with pain radiating to fingers. There was numbness, tingling sensation, weakness and loss of grip. Treatment to date has included hand surgery (closed reduction/percutaneous pinning of the left MC-V fracture and irrigation and debridement of laceration), physical therapy with electrical stimulation and massage, medication (analgesic /antibiotic), and splinting. On 10/13/14, per the treating physician's report, treatment plan included: FCL (Flurbiprofen 20%, Cyclobenzaprine 4%, Lidocaine 5%180 grams for topical application for the affected area; Naproxen 550 mg #90 to reduce pain and inflammation; Omeprazole DR 20 mg #45 to protect stomach and avoid gastrointestinal upset, magnetic resonance imaging (MRI) of the left wrist (retrospective 11/3/14) for further evaluation to narrow specific diagnosis and treatment plan. Physical therapy for the left wrist and hand was also recommended. Patient's complaints were continuous left wrist and hand pain on the "topside" with pain radiating to the fingers, numbness, tingling, weakness, and loss of grip. On exam, there was tenderness and spasm of the dorsal wrist. On 1/2/15, Utilization Review non-certified FCL (Flurbiprofen 20%, Cyclobenzaprine 4%, Lidocaine 5%180 grams (retrospective 10/13/14); Naproxen 550 mg #90; Omeprazole DR 20 mg #45, magnetic resonance imaging (MRI)of the left wrist (retrospective 11/3/14) noting the

Medical treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM) ACOEM Guidelines to include Elbow Disorders, Acupuncture Treatment Guidelines, Chronic Pain Medical Treatment Guidelines, and Post - Surgical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

FCL Cream (Flurbiprofen 20 Percent, Cyclobenzaprine 4 Percent, Lidocaine 5 Percent) 100 Gram: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Regarding the request for FCL cream, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical NSAIDs are indicated for Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended 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. Neuropathic pain: Not recommended as there is no evidence to support use. Topical lidocaine is Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Additionally, it is supported only as a dermal patch. Muscle relaxants are not supported by the CA MTUS for topical use. Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. Given all of the above, the requested FCL cream is not medically necessary.

Naproxen 550 MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-72.

Decision rationale: Regarding the request for naproxen, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that the medication is providing any specific analgesic benefits (in terms of percent pain reduction or reduction in numeric rating scale) or any objective functional improvement. In the absence of such documentation, the currently requested naproxen is not medically necessary.

Omeprazole DR 20 MG #45: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: Regarding the request for omeprazole, California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested omeprazole is not medically necessary.

MRI Left Wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269. Decision based on Non-MTUS Citation Forearm, Wrist, and Hand Chapter, MRI

Decision rationale: Regarding the request for MRI of the wrist, California MTUS and ACOEM note that imaging studies to clarify the diagnosis may be warranted if the medical history and physical examination suggest specific disorders. ODG supports MRI in chronic wrist pain if plain films are normal and there is suspicion of a soft tissue tumor or Kienbck's disease. Within the documentation available for review, there is no clear indication of any specific symptoms/findings suggestive of a condition for which an MRI is supported. In the absence of such documentation, the currently requested MRI of the wrist is not medically necessary.