MAXIMUS Federal Services

Case Number:	CM15-0100069		
Date Assigned:	06/02/2015	Date of Injury:	02/01/2015
Decision Date:	11/10/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/26/2015

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: Texas, Florida, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 23 year old man sustained an industrial injury on 2-1-2015. Evaluations include a right wrist MRI dated 4-21-2015. Diagnoses include right wrist pain, right wrist traumatic ganglion cyst, right wrist contusion, ad right wrist sprain-strain. Treatment has included oral medications, bracing, and physical therapy. Physician notes dated 5-1-2015 show complaints of occasional popping of the left wrist rated 3-4 out of 10. The physical examination shows right wrist range of motion flexion 60 degrees, extension 60 degrees, radial deviation 20 degrees, ulnar deviation 30 degrees, negative Tinel's, Phalen's, edema, and erythema, tenderness to palpation is noted to the right dorsum of the wrist with a cyst. The right elbow has 80 degrees of pronation and supination, brachial and radial pulses are 2+. Recommendations include transdermal creams, continue current medication regimen, ice-heat, continue to use brace, continue physical therapy, and follow up in three weeks. Utilization Review denied a request for transdermal creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transdermal Creams: FlurLido-A Cream (Flurbiprofen 20%, Lidocaine 5%, Amitryptyline 5%) 240 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Chronic Pain Medical Treatment Guidelines 8 C.C.R9792.20-9792.26 MTUS (Effective July 18, 2009) Page 111 of 127. Per the Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20-9792.26 MTUS (Effective July 18, 2009) Page 111 of 127, the MTUS notes topical analgesic compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Experimental treatments should not be used for claimant medical care. MTUS notes they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, but in this case, it is not clear what primary medicines had been tried and failed. Also, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended, is not certifiable. This compounded medicine contains several medicines untested in the peer review literature for effectiveness of use topically. Moreover, the MTUS notes that the use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The provider did not describe each of the agents, and how they would be useful in this claimant's case for specific goals. The request is appropriately non-certified.