

Case Number:	CM15-0139550		
Date Assigned:	07/29/2015	Date of Injury:	11/12/2014
Decision Date:	08/26/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/17/2015

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: Massachusetts

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 22 year male who sustained an industrial injury on November 12, 2014. He reported a right wrist injury and has been diagnosed with bilateral wrist strain, rule out bilateral carpal tunnel syndrome, bilateral knee and leg pain, bilateral chronic ankle strain, and rule out rheumatological condition. Treatment has included medications and physical therapy. Objective findings note examination of the right hand revealed decreased range of motion. Phalen's and Tinel's test were positive. Examination of the left hand revealed decreased range of motion. There was palpable tenderness over the medial and lateral surface of the bilateral knees as well as over the anterolateral ankle. The treatment plan included medications. The treatment request included Flurbiprofen, Baclofen, lidocaine cream and a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Baclofen/Lidocaine Cream (20%/5%/4%) 180 gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113.

Decision rationale: The claimant sustained a work-related injury in November 2014 and continues to be treated for bilateral wrist, knee, and ankle pain. Treatment has included medications and physical therapy. When seen, there was decreased hand range of motion with positive right Tinel and Phalen tests. There was bilateral knee and ankle tenderness. Compounded topical preparations of flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. Baclofen is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. In this case, there are other single component topical treatments that could be considered. This medication was not medically necessary.

TENS unit 30 day trial: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, Page(s): 114.

Decision rationale: The claimant sustained a work-related injury in November 2014 and continues to be treated for bilateral wrist, knee, and ankle pain. Treatment has included medications and physical therapy. When seen, there was decreased hand range of motion with positive right Tinel and Phalen tests. There was bilateral knee and ankle tenderness. In terms of TENS, although not recommended as a primary treatment modality, a one-month home-based TENS trial may be considered as a noninvasive conservative option. Indications include pain, inflammation, and muscle spasm and, if effective, can be performed independently by the patient. Low cost basic TENS units are available for home use and supplies such as electrodes can be reused many times. A trial of TENS was medically necessary.