

Case Number:	CM15-0141891		
Date Assigned:	07/31/2015	Date of Injury:	11/02/1999
Decision Date:	08/31/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/22/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 was a 53 year old female, who sustained an industrial injury, November 2, 1999. The injured worker previously received the following treatments Motrin, physical therapy, Flurbiprofen, Baclofen and Lidocaine topical cream, hand surgeon consultation and occupational therapy. The injured worker was diagnosed with right wrist and hand arthritis, basal joint reconstruction, bilateral thumb basal joint arthritis and previous thumb surgery. According to progress note of June 5, 2015, the injured worker's chief complaint was bilateral wrist, hand and thumb pain. The Motrin helped the pain level from 8 out of 10 without to 4-5 out of 10 after taking. The injured worker completed physical therapy for the right hand; however, the right hand and thumb continue to hurt. The injured worker reported a flare-up in the left hand. The bilateral wrist pain was rated at 6 out of 10 and frequent. The injured worker was waiting on authorization for hand surgery. The pain was made better with rest and medication and worse by activity. The physical exam noted the bilateral upper extremity strength was 5 out of 5. There was tenderness and pain along the basal joint in the bilateral thumbs. The sensation was intact. The treatment plan included prescription for Flurbiprofen, Baclofen and Lidocaine topical cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

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

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

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

Decision rationale: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) 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 recommended. The requested medication contains ingredients (baclofen) which are not indicated per the California MTUS for topical analgesic use. Therefore the request is not medically necessary.