

Case Number:	CM15-0142900		
Date Assigned:	08/03/2015	Date of Injury:	09/19/2013
Decision Date:	08/31/2015	UR Denial Date:	06/27/2015
Priority:	Standard	Application Received:	07/23/2015

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

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 27 year old female, who sustained an industrial injury on 9-19-13. The diagnoses have included right hand and wrist pain, right hand and wrist overuse syndrome, and right thumb traumatic ganglion emanating from trapeziometacarpal joint. Treatment to date has included medications, activity modifications, acupuncture, ice and heat, other modalities and home exercise program (HEP). Currently, as per the physician progress note dated 6-25-15, the injured worker complains of cramping pain in the radial aspect of the right wrist that radiates up the mid forearm. She also reports numbness and tingling of the right thumb. The diagnostic testing that was performed included right wrist X-rays. The objective findings reveal right wrist flexion 60 degrees, extension 60 degrees, radial deviation 20 degrees, and ulnar deviation 30 degrees. There is positive tenderness to palpation over the right first carpometacarpal (CMC) joint on the palmar aspect and positive tenderness to palpation over the right first dorsal compartment. The current medications were not noted. The physician requested treatment included Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 5% 360g.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 5% 360g: Upheld

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

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

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded NSAID, Lidocaine and anti-depressant over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of NSAID without improved functional outcomes attributable to their use. Additionally, Guidelines do not recommend long-term use of Lidocaine and anti-depressant medications for this chronic injury without improved functional outcomes attributable to their use. The Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 5% 360g is not medically necessary and appropriate.