

Case Number:	CM15-0160631		
Date Assigned:	08/27/2015	Date of Injury:	04/17/2015
Decision Date:	09/30/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	08/17/2015

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: 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 44-year-old female, who sustained an industrial injury on 4-17-15. The injured worker has complaints of right wrist pain and left hand pain from having using it more. The diagnoses have included tendonitis, radial styloid. The documentation noted that palpation show the area of pain to be more along the first dorsal compartment retinacular area which has mild thickening, painful with pressure. Treatment to date has included right wrist X-ray on 4-17-15 showed no significant radiographic abnormality; right wrist injection; topical pain and anti-inflammatory medications for the left hand. The request was for retrospective flurbiprofen 25% in lipoderm base, topical cream, 30gm tube, 30 day supply (dispensed 06-24-2015) for the left hand and retrospective flurbiprofen 25% in lipoderm base, topical cream, 60gm tube, 30 day supply (dispensed 06-24-2015) for the left hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE: Flurbiprofen 25% in Lipoderm base, topical cream, 30gm tube, 30 day supply (Dispensed 06/24/2015) for the left hand: Overturned

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

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

Decision rationale: Based on the 6/24/14 progress report provided by the treating physician, this patient presents with unchanged right wrist pain, and increased pain in right hand due to overcompensation. The treater has asked for RETROSPECTIVE FLURBIPROFEN 25% IN LIPODERM BASE, TOPICAL CREAM, 30GM TUBE, 30 DAY SUPPLY (DISPENSED 06/24/2015) FOR THE LEFT HAND on 6/24/14. The patient's diagnoses per Request for Authorization form dated 6/24/14 are tendonitis: radial styloid. The patient's left hand is more pain on distal side, with mild pain at first dorsal compartment and now more pain at base of thumb, the trapeziometacarpal area per 6/24/14 report. The patient is s/p injection at first dorsal compartment of the right wrist with unspecified efficacy as of 6/24/14 report. The patient had another unspecified injection on unspecified date on right side of right hand, and pain went away per 6/3/15 report. The patient states that physical therapy which began 3 weeks ago for her hand/wrists is making pain worse per 6/3/15 report. The patient is s/p X-rays of bilateral hands, which were normal, braces, ibuprofen and muscle relaxants per 6/3/15 report. The patient is on modified work duties with restrictions per 6/24/14 report. MTUS, Topical Analgesics section, pg. 111: 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 treater does not discuss this request in the reports provided. The patient has had normal x-rays of bilateral hands, and is managing her pain with anti-inflammatory and muscle relaxants, per 6/3/15 report. In this case, the patient does present with arthritis or tendinitis of the peripheral joints for which this topical medication is indicated. MTUS guidelines support the use of topical NSAIDs such as Voltaren for this type of condition. As patient does not have a history of using Flurbiprofen cream per review of reports dated 4/17/15 to 6/24/15, this initiating prescription for a trial is considered reasonable. Hence, the request IS medically necessary.

RETROSPECTIVE: Flurbiprofen 25% in Lipoderm base, topical cream, 60gm tube, 30 day supply (Dispensed 06/24/2015) for the left hand: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: Based on the 6/24/14 progress report provided by the treating physician, this patient presents with unchanged right wrist pain, and increased pain in right hand due to overcompensation. The treater has asked for RETROSPECTIVE FLURBIPROFEN 25% IN LIPODERM BASE, TOPICAL CREAM, 60GM TUBE, 30 DAY SUPPLY (DISPENSED 06/24/2015) FOR THE LEFT HAND on 6/24/14. The patient's diagnoses per Request for Authorization form dated 6/24/14 are tendonitis: radial styloid. The patient's left hand is more pain on distal side, with mild pain at first dorsal compartment and now more pain at base of thumb, the trapeziometacarpal area per 6/24/14 report. The patient is s/p injection at first dorsal compartment of the right wrist with unspecified efficacy as of 6/24/14 report. The patient had another unspecified injection on unspecified date on right side of right hand, and pain went away per 6/3/15 report. The patient states that physical therapy which began 3 weeks ago for her hand/wrists is making pain worse per 6/3/15 report. The patient is s/p X-rays of bilateral hands, which were normal, braces, ibuprofen and muscle relaxants per 6/3/15 report. The patient is on modified work duties with restrictions per 6/24/14 report. MTUS, Topical Analgesics section, pg. 111, 112: 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. The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period, this class in general is only recommended for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). The treater does not discuss this request in the reports provided. The patient has had normal x-rays of bilateral hands, and is managing her pain with anti-inflammatory and muscle relaxants, per 6/3/15 report. In this case, the patient does present with arthritis or tendinitis of the peripheral joints for which this topical medication is indicated. MTUS guidelines support the use of topical NSAIDs such as Voltaren for this type of condition. As patient does not have a history of using Flurbiprofen cream per review of reports dated 4/17/15 to 6/24/15, this initiating prescription for a trial is considered reasonable. Hence, the request IS medically necessary.