

Case Number:	CM15-0186926		
Date Assigned:	09/28/2015	Date of Injury:	04/17/2015
Decision Date:	11/06/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/22/2015

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: Arizona, California
 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 is a 44 year old female who sustained an industrial injury April 17, 2015, after a slip and fall landing on both hands causing pain to hands, right wrist, right arm, and low back. She underwent x-rays, was prescribed medication, occupational therapy, and bilateral wrist brace. Over the course of care she also underwent injection to the right hand and a comfort cool splint to the left hand. According to a primary treating physician's progress report dated August 26, 2015, the injured worker presented with complaints that although her right hand feels better, she has some swelling and sometimes pain when doing pinching or turning a door knob and now the left hand hurts more. Objective findings included the right hand has minimal swelling along the radial side of the wrist; Finkelstein's test is negative; no pain with pressure; left hand pain mainly over the volar radial aspect of the wrist; painful over the flexor carpi radialis tendon as well as along the volar radial border of the first dorsal compartment; grip strength (kg forced) left 10-10-10, right 12-12-14. Assessment is documented as bilateral first dorsal compartment tenosynovitis, right greater than left; possible flexor carpi radialis, left wrist. Diagnoses cradial styloid tenosynovitis; radial styloid tenosynovitis. Treatment plan included an MRI, and at issue, a request for authorization dated September 8, 2015, for Deltasone-Prednisone, Flurbiprofen-Lidocaine, topical in 30 grams and 60grams. According to utilization review dated September 14, 2015 the request for Deltasone-Prednisone 20mg #22, 22 day supply (dispensed 08-26-2015) was non-certified. The request for Flurbiprofen 25%-Lidocaine 5% in Lipoderm base-topical cream, 30 grams (dispensed 08-26-2015) was non-certified. The request for Lidocaine 5% in Lipoderm base-topical cream, 60 grams (dispensed 08-26-2015) was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro (DOS 8/26/15): Deltasone/Prednisone 20mg #22, 22 day supply: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter (Online Version), Oral Corticosteroids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter and pg 110.

Decision rationale: According to the guidelines, oral steroids are not recommended for chronic pain. In this case, the claimant had chronic hand pain. As in some hand diagnoses steroid injections may be required. NSAIDS and Tylenol are more appropriate. Although it may provide short-term relief, it is not proven superior to other options including therapy and NSAIDS/Tylenol. The request for oral Deltasone is not medically necessary.

Retro (DOS 8/26/15): Flurbiprofen 25%/ Lidocaine 5% in lipoderm base, topical cream, 30 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: According to the MTUS guidelines, topical analgesics are 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. Flurbiprofen is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant does not have arthritis and long term use is not indicated. There are diminishing effects after 2 weeks. Topical NSAIDS can reach systemic levels similar to oral NSAIDS. The Flurbiprofen 25%/ Lidocaine 5% is not medically necessary.

Retro (DOS 8/26/15): Flurbiprofen 25%/ Lidocaine 5% in lipoderm base, topical cream, 60 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: According to the MTUS guidelines, topical analgesics are 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. Flurbiprofen is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant does not have arthritis and long term use is not indicated. There are diminishing effects after 2 weeks. Topical NSAIDS can reach systemic levels similar to oral NSAIDS. The Flurbiprofen 25%/ Lidocaine 5% is not medically necessary.