

Case Number:	CM15-0190992		
Date Assigned:	10/05/2015	Date of Injury:	07/11/2012
Decision Date:	11/10/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/28/2015

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:

This is a 55 year old female with a date of injury of July 11, 2012. A review of the medical records indicates that the injured worker is undergoing treatment for bilateral carpal tunnel syndrome and bilateral wrist De Quervain's syndrome. Medical records dated August 26, 2015 indicate that the injured worker complained of generalized achiness and occasional numbness on the right hand, minimal and occasional tingling on the left hand, and achiness in the entire hands. The physical exam reveals enlargement at the base of both thumbs, and no numbness or tingling with provocative testing. Per the treating physician, the employee has not returned to work. Treatment has included left carpal tunnel release, left De Quervain's release, unknown type of therapy that helped in the past, wrist splinting, and topical pain medications (specifics not documented). The original utilization review (September 11, 2015) non-certified a request for Flurbiprofen compound 30gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective purchase of Flurbiprofen compound 30gm (DOS: 08/26/2015): 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: Topical analgesic NSAID formulations are not indicated for long-term use and have little evidence for treatment of the spine, hip or shoulder. This patient does not have a diagnosis of osteoarthritis or neuropathic pain that has failed first line treatment options. The patient has carpal tunnel syndrome. Therefore, criteria for the use of topical NSAID therapy per the California MTUS have not been met and the request is not medically necessary.