

Case Number:	CM15-0201922		
Date Assigned:	10/16/2015	Date of Injury:	09/14/2011
Decision Date:	11/25/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/14/2015

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 49 year old male, who sustained an industrial injury on 9-14-2011. The injured worker was being treated for bilateral wrist sprain/strain, bilateral wrist carpal tunnel syndrome per electromyogram and nerve conduction studies dated 12-01-2014 and bilateral wrist chronic overuse syndrome. Treatment to date has included diagnostics, physical therapy, and medications. On 8-19-2015, the injured worker complains of pain and numbness in the bilateral wrists, right wrist rated 5 out of 10 and left rated 4 out of 10. Exam of the wrists noted grade 2 tenderness to palpation, positive Tinel's and Phalen's tests, and "no changes on neurocirculatory examination". The treating physician documented that he declined surgery for the right wrist and wished to proceed with extracorporeal shockwave therapy. Current medication regimen was not noted. Topical medications were prescribed to "minimize possible neurovascular complications". Failed medications were not noted. Work status was total temporary disability. The treatment plan included Flurbi (NAP) cream-LA (Flurbiprofen 20% - Lidocaine 5% - Amitriptyline 5) 180gm, non-certified by Utilization Review on 9-23-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbi (NAP) cream-LA (Flurbiprofen 20% / Lidocaine 5% / Amitriptyline 5) 180gm:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

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 diffuse spine and 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 this Lidocaine and anti-depressant medications for this chronic 2011 injury without improved functional outcomes attributable to their use. The Flurbi (NAP) cream-LA (Flurbiprofen 20% / Lidocaine 5% / Amitriptyline 5) 180gm is not medically necessary and appropriate.