

Case Number:	CM15-0025996		
Date Assigned:	02/18/2015	Date of Injury:	08/05/2014
Decision Date:	04/16/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/11/2015

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: 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 47 year old male, who sustained an industrial injury on August 5, 2014. He has reported low back and left hand pain. His diagnoses include carpal tunnel syndrome and traumatic arthropathy of the hand. He has been treated with x-rays, left wrist/hand splinting, and pain medication. On January 20, 2015, his treating physician reports left dorsal wrist pain and numbness radiating into the 2nd, 3rd, and 4th digits. The physical exam revealed pain on palpation of the dorsal wrist and a positive Tinel's of the left median nerve. The treatment plan includes Flurbiprofen 20% cream, Lidocaine 5% cream. On February 4, 2015, Utilization Review non-certified a prescription for Flurbiprofen 20% cream, Lidocaine 6% cream, noting the lack of evidence of failure of first-line therapy trial of antidepressant and anticonvulsant medications, and Flurbiprofen is not one of the guideline supported topical non-steroidal anti-inflammatory drugs. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20% cream, Lidocaine 6% cream: Upheld

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

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

Decision rationale: According to guidelines topical analgesic 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. 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.