

Case Number:	CM15-0210480		
Date Assigned:	10/29/2015	Date of Injury:	06/15/2013
Decision Date:	12/14/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/26/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 38 year old female, who sustained an industrial injury on 6-15-13. The injured worker was diagnosed as having right wrist De Quervain's tenosynovitis, status post right carpal tunnel decompression on 2-26-14 and right wrist intersection syndrome. Subjective findings (7-22-15, 8-5-15 and 9-2-15) indicated status post right wrist surgery. The injured worker reported improving motion with therapy treatments, but has not fully received strength. Objective findings (7-22-15, 8-5-15 and 9-2-15) revealed right wrist flexion is 40-50 degrees and extension is 35-50 degrees. As of the PR2 dated 9-30-15, the injured worker reports ongoing occasional sharp burning pain of the ulnar aspect of her right wrist and first dorsal compartment of the right wrist with radiation into her thumb. Objective findings include right wrist flexion is 60 degrees and extension is 60 degrees and a positive Finkelstein's and Phalen's in the right wrist-hand. Treatment to date has included physical therapy, Ibuprofen, Tramadol and Flurbiprofen 20%-Lidocaine 5%-Amitriptyline 5% (since at least 3-18-15). The Utilization Review dated 10-9-15, non-certified the request for Flurbiprofen 20%-Lidocaine 5%-Amitriptyline 5% #360gm with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%-Lidocaine 5%-Amitriptyline 5% #360 gm with 2 refills: 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: The injured worker sustained a work related injury on 6-15-13. The medical records provided indicate the diagnosis of right wrist De Quervain's tenosynovitis, status post right carpal tunnel decompression on 2-26-14 and right wrist intersection syndrome. Treatments have included physical therapy, Ibuprofen, Tramadol and Flurbiprofen 20%-Lidocaine 5%-Amitriptyline 5% (since at least 3-18-15). The medical records provided for review do not indicate a medical necessity for Flurbiprofen 20%-Lidocaine 5%-Amitriptyline 5% #360 gm with 2 refills. The topical analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS does not recommend any compounded product that contains at least one drug (or drug class) that is not recommended. The agents, Flurbiprofen, and Amitriptyline are not recommended; Lidocaine is recommended on as the 5% Lidocaine (only as Lidoderm).