

Case Number:	CM15-0210481		
Date Assigned:	10/29/2015	Date of Injury:	04/07/2015
Decision Date:	12/09/2015	UR Denial Date:	09/30/2015
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: California, Oregon, Washington
Certification(s)/Specialty: Orthopedic Surgery

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 34-year-old male, who sustained an industrial injury on 4-7-15. The documentation on 8-20-15 noted that the injured worker has complaints of pain in the right wrist. There is grade 3 tenderness to palpation, which has remained the same since his last visit. There is restricted range of motion and there is triangular fibrocartilage complex tear and ulnar impaction. Right wrist magnetic resonance imaging (MRI) on 8-13-15 revealed ulnar positive variance with bone marrow edema in the lunate at the ulnar lunate articulation; there is also a full-thickness tear of the ulnar styloid of the triangular fibrocartilage complex and these findings may reflect early ulnar lunate impaction syndrome. The diagnoses have included sprains strains wrist unspecified site and sprain strains hand unspecified site. Treatment to date has included physical therapy; tramadol and flurbiprofen compound cream. The request for flurbiprofen 20%, lidocaine 5%, amitriptyline 5% in 180G.

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% IN 180GM: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112 "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." According to CA MTUS guidelines regarding the use of topical NSAIDs such as flurbiprofen "the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration." According to the CA MTUS Chronic Pain Medical Treatment Guidelines, page 56 and 57, regarding Lidocaine, may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. In this case, the exam note from 8/20/15 demonstrates there is no evidence of failure of first line medications such as gabapentin or Lyrica. Additionally this patient does not have a diagnosis of post-herpetic neuralgia or neuropathic pain. Therefore, the request is not medically necessary and non-certified. In this case, the current request does not meet CA MTUS guidelines and therefore the request is not medically necessary.