

Case Number:	CM15-0222637		
Date Assigned:	11/18/2015	Date of Injury:	07/22/2014
Decision Date:	12/30/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	11/12/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 42 year old male, who sustained an industrial injury on 7-22-2014. He reported pain in his right wrist. The injured worker was diagnosed as having ulna fracture wrist, TFCC tear right wrist, ECU within distal ulnar groove, s/p open reduction and internal fixation distal ulnar fracture right wrist on 7-23-2014. Treatment to date has included activity modification, medications, diagnostic testing, surgery, TENS unit and physical therapy. On 10-9-2015, it was noted that IW states his symptoms are aggravated by cold weather, pushing, supination and pronation and ulnar deviations and his symptoms are alleviated by medications and TENS. On the progress noted dated 11-12-2015, the IW complains of throbbing pain of right wrist and distal RA at rest. Supination and pronation causes click at the wrist, and his grip feels weak. On exam, his elbow range of motion was noted as flexion 140 degrees on the right, extension 0 degrees, supination 85 degrees and pronation 75 degrees. The IW wears a right wrist brace. His wrist range of motion on the right is noted as 30 degrees, ulnar deviation, 20 degrees radial deviation, 45 degrees extension, 60 degrees flexion, and he is tender to palpation dorsal wrist. The treatment plan is to administer a cortisone injection to the right wrist, Norco, Omeprazole, Naproxen and topical creams. The UR decision, dated 10-16-2015, denied Flurbiprofen 20% Lidocaine 5%, Amitriptyline 360mg with 1 refill and Omeprazole 20mg, quantity 30 with 2 refills and modified approval to Naproxen 500mg, quantity 60 with 2 refills and Cortisone injection to right wrist Extensor Carpi Ulnaris. The request for authorization, dated 11-12-2015 is for Flurbiprofen 20% Lidocaine 5%, Amitriptyline 360mg with 1 refill and Omeprazole 20mg, quantity 30 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%, and amitriptyline 360mg with 1 refill: 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 claimant sustained a work injury in July 2014 when he slipped and fell while working as a farm hand. He sustained a distal right ulnar fracture and underwent ORIF. An MRI of the right wrist in March 2015 showed findings of a full thickness triangular fibrocartilage complex tear and hypertrophic tendinosis with a tear involving the extensor carpi ulnaris. In February 2015 he was having right wrist pain with decreased and painful range of motion. He had a negative past medical history without medication allergy. Etodolac, hydrocodone, tramadol, and Q-PAP were being prescribed. When seen in October 2015 hardware removal with triangular fibrocartilage complex debridement was being planned for January 2016. He was having throbbing pain which was present when not taking medications. He was having popping over the right wrist and had decreased grip strength with numbness and tingling over the surgical scar and edema with use. Physical examination findings included a body mass index of nearly 36. Decreased wrist range of motion is documented. Naprosyn and omeprazole were prescribed and a new prescription for topical compounded cream was provided. Continued use of a splint and TENS unit was recommended. Authorization for a cortisone injection was requested. Compounded topical preparations of flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. In this case, there is no evidence that the claimant has failed a trial of topical diclofenac and an oral NSAID medication is also being prescribed which is duplicative. Many agents are compounded as monotherapy or in combination for pain control such as opioids antidepressants, glutamate receptor antagonists, alpha-adrenergic receptor agonists, adenosine, cannabinoids, cholinergic receptor agonists, GABA agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor. There is little to no research to support the use of many these agents including amitriptyline. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments with generic availability that could be considered for treating the claimant's pain and inflammation. The requested medication is not medically necessary.

Omeprazole 20mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The claimant sustained a work injury in July 2014 when he slipped and fell while working as a farm hand. He sustained a distal right ulnar fracture and underwent ORIF. An MRI of the right wrist in March 2015 showed findings of a full thickness triangular fibrocartilage complex tear and hypertrophic tendinosis with a tear involving the extensor carpi ulnaris. In February 2015 he was having right wrist pain with decreased and painful range of motion. He had a negative past medical history without medication allergy. Etodolac, hydrocodone, tramadol, and Q-PAP were being prescribed. When seen in October 2015 hardware removal with triangular fibrocartilage complex debridement was being planned for January 2016. He was having throbbing pain which was present when not taking medications. He was having popping over the right wrist and had decreased grip strength with numbness and tingling over the surgical scar and edema with use. Physical examination findings included a body mass index of nearly 36. Decreased wrist range of motion is documented. Naprosyn and omeprazole were prescribed and a new prescription for topical compounded cream was provided. Continued use of a splint and TENS unit was recommended. Authorization for a cortisone injection was requested. Guidelines recommend an assessment of gastrointestinal symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant does not have any identified risk factors for a gastrointestinal event. The claimant is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. There is no documented history of dyspepsia secondary to non-steroidal anti-inflammatory medication therapy. The prescribing of a proton pump inhibitor such as Omeprazole is not medically necessary.