

Case Number:	CM15-0034402		
Date Assigned:	03/02/2015	Date of Injury:	06/12/2014
Decision Date:	04/07/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/23/2015

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: Arizona, 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 33 year old male, who sustained an industrial injury on June 12, 2014. The diagnoses have included left middle finger synovial cyst. Treatment to date has included physical therapy, activity modification, bracing and stretching exercises. Currently, the injured worker complains of ongoing left hand and elbow pain. He reports numbness and tingling in his fingers and has been compliant with wrist brace used when sleeping. He complains of left thenar pain with spasm and medial-sided elbow pain with radiating pain and associated with numbness and tingling. On February 6, 2015 Utilization Review non-certified a request for Flurbiprofen 25% in Lidoderm base, noting that there is no documentation of failure of oral nonsteroidal anti-inflammatory medication use and no documentation of localized peripheral pain after evidence of a trial of first-line therapy. The California Medical Treatment Utilization Schedule was cited. On February 23, 2015, the injured worker submitted an application for IMR for review of Flurbiprofen 25% in Lidoderm base.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 25% in Lidoderm base: Upheld

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

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

Decision rationale: According to the MTUS guidelines, topical analgesics 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 Flurbiprofen is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant did not have arthritis of the hand. In addition, topical Lidocaine is approved for neuropathy related to diabetes after failure of tri-cyclics. Since the claimant does not have the above diagnoses, the request for the above topical compound is not medically necessary.