

Case Number:	CM15-0053371		
Date Assigned:	03/26/2015	Date of Injury:	03/06/2014
Decision Date:	05/01/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/20/2015

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: New Jersey, New York
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 37 year old female who sustained an industrial injury on 3/6/14 and experienced right wrist pain. She was initially diagnosed with arthritis of the right shoulder and tendinitis of the right wrist. She received cortisone injections to the right and left wrists with temporary effect, physical therapy and medications. She currently complains of pain in the right wrist that radiates to the right shoulder. In addition, she is experiencing right hand numbness with decreased strength and left hand pain and numbness. She has sleep difficulties. Her activities of daily living are limited due to decreased grip strength. Her pain intensity is 7/10. Medications are Tramadol, Lodine, Flurbiprofen, Prilosec, Ambien and Ativan. Diagnoses include bilateral carpal tunnel syndrome; bilateral de Quervain's tenosynovitis; cervical right radiculitis; right shoulder acromioclavicular joint bursitis. Treatments to date include physical therapy, anti-inflammatory and pain medications, cortisone injections, right wrist splint that is effective in reducing symptoms, biofeedback therapy. Diagnostics include MRI of the right shoulder; cervical spine x-rays (8/11/14). In the request for authorization dated 2/2/15 the treating provider requests flurbiprofen cream. In the progress note dated 1/29/15 the treating provider's plan of care includes flurbiprofen cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound medication: Flurbiprofen 180 grams: 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): 111-113.

Decision rationale: The request is medically unnecessary. The use of topical analgesics is largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when antidepressants and anticonvulsants have failed. The efficacy of topical NSAIDs is inconsistent in clinical trials. Effect seems to diminish after two weeks of treatment. It may be useful for chronic musculoskeletal pain but there are no long-term studies of its effectiveness or safety. There were no documented goals of treatment. Topicals are often used when oral medications aren't tolerated. However, the patient is on lodine which is an oral NSAID. Therefore, the request is considered not medically necessary.