

Case Number:	CM15-0053558		
Date Assigned:	03/27/2015	Date of Injury:	06/26/2001
Decision Date:	05/04/2015	UR Denial Date:	02/20/2015
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: 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 46 year old female, who sustained an industrial injury on June 26, 2001. She reported bilateral hand pain. The injured worker was diagnosed as having bilateral hand pain. Treatment to date has included medications and activity modifications. Currently, the injured worker complains of bilateral hand pain. The injured worker reported an industrial injury in 2001, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on February 12, 2015, revealed continued pain. It was noted she deferred injections of surgical intervention at this time. She noted controlled pain with the current medications. Medications were continued and lab work was ordered to monitor the liver and kidney function.

IMR ISSUES, DECISIONS AND RATIONALES

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

BUN/Creatine and Hepatic function panel: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmed/3516645, www.ncbi.nlm.nih.gov/pubmed/18516000.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Nonsteroidal antiinflammatory drugs (NSAIDs) by Daniel Solomon, MD, in UptoDate.com.

Decision rationale: This patient receives treatment for chronic wrist and hand pain. This began after a work-related injury on 06/06/2001. The patient takes ibuprofen 800 mg tabs. Ibuprofen is an NSAID. The 800 mg dose can be indicated to treat inflammation and/or joint pain. It is good medical practice to monitor kidney and liver blood tests periodically. It is contraindicated to continue to take NSAIDS if the estimated GFR falls below 60. Liver injury may be detected with blood tests before signs of serious hepatotoxicity develop. These tests are medically indicated.

Flector patch 1.3% #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Non-steroidal anti-inflammatory agents (NSAIDs) Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: This patient receives treatment for chronic wrist and hand pain. This began after a work-related injury on 06/06/2001. This review addresses ongoing use of Flector patches. Topical analgesics are considered experimental in use, because clinical trials have failed to show efficacy. Flector contains diclofenac. Diclofenac is an NSAID. NSAIDS are not medically indicated to treat chronic pain when applied topically. Flector patches are not medically indicated.