MAXIMUS Federal Services

Case Number:	CM15-0086569		
Date Assigned:	05/08/2015	Date of Injury:	12/23/2013
Decision Date:	06/11/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/05/2015

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: 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 a 22 year old female, who sustained an industrial injury on 12/23/2013. She reported a sudden onset of sharp pain in her right wrist. Treatment to date has included wrist brace, medications, massage, electrode stimulation, paraffin treatments, steroid injection, surgery, postoperative physical therapy and acupuncture. According to a progress report dated 03/24/2015, the injured worker expressed frustration with pain and delays. Electrodiagnostic studies were noted to be normal. MRI of the right wrist demonstrated mild hypertrophic changes. Diagnoses included post-surgical right wrist radial styloid tenosynovectomy. Treatment plan included consultation with board certified hand specialist to evaluate right hand/wrist pain. Prescriptions were given for Pantoprazole, Tramadol, Flurbiprofen 20%/Lidocaine 5% compounded cream and Gabapentin 10%/Amitriptyline5%/Capsaicin 0.025% compounded cream. According to a progress report dated 03/31/2015, the injured worker complained of intermittent pain about the dorsal radial aspect of the right wrist and thumb that occurred with motion and use. She did note some pain if she slept on her right side. There had been no change in her symptoms over the past several months. There was decreased sensation over the dorsal aspect of the index metacarpal and index proximal phalanx. She also reported occasional numbness and tingling in the right thumb and index finger volarly. Diagnoses included right wrist De Quervain's tenosynovitis status post De Quervain's release and neuropraxia or laceration of a terminal branch of the right superficial radial nerve. Currently under review is the request for Flurbiprofen 20%/Lidocaine 5% 30 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

FL 30 Gm (Flurbiprofen 20%/Lidocaine 5%): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-113 of 127.

Decision rationale: Regarding the request for FL 30 Gm (Flurbiprofen 20%/Lidocaine 5%), CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Topical lidocaine is "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)." Additionally, it is supported only as a dermal patch. Guidelines do not support the use of topical lidocaine except in patch form. As such, the currently requested FL 30 Gm (Flurbiprofen 20%/Lidocaine 5%) is not medically necessary.