

Case Number:	CM14-0133741		
Date Assigned:	08/27/2014	Date of Injury:	05/02/2014
Decision Date:	10/20/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/21/2014

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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Nephrology, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 48-year-old female who has submitted a claim for Avulsion fracture of the right 5th finger DIP and interphalangeal sprain/strain of the right 5th digit, associated with an industrial injury date of 05/02/14. Medical records from May to July 2014 were reviewed. Patient apparently sustained an injury while working in her capacity as a sales associate when a box fell and hit the top of her right 5th finger pushing it outwards. Patient felt a sharp pain at the moment of impact and noted her 5th finger to be bent to the side with the 1st knuckle bent down. She consulted and had an x-ray done which showed fractures in the 5th digit of the right hand. No official report of this x-ray was included in the submitted records for review. Patient was also referred to an orthopedist who told her that her tendon was damaged. The finger was placed on a splint, she was prescribed Ibuprofen and patient returned to work without restrictions. 07/23/14 report notes that patient complained of frequent moderate pain described as burning, throbbing and sharp aggravated by touch. Patient was able to do her ADLs but it always caused pain. On physical examination, patient wore a ridged splint with note of 80% loss of ROM in flexion and +4 spasm and tenderness of the right 5th digit DIP. Plan was for physical therapy once fracture has healed and to start on inflammation topical compound (Lidocaine, Gabapentin and Tramadol) and Muscular pain topical compound (Flurbiprofen, Cyclobenzaprine, Baclofen and Lidocaine). Treatment to date has included lidocaine injection, splinting and medications (Celexa, Ibuprofen, Naproxen, Lidocaine 1% since at least 005/21/14). Utilization review of 08/07/14 denied the request for Flurbiprofen, Cyclobenzaprine, Baclofen and Lidocaine topical compound because compounded medications are not approved by the FDA and there is no high quality peer review literature to support its use, with little scientific evidence of its effectiveness and safety.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOPICAL CREAM: FLURBIPROFEN 15%, CYCLOBENZEPINE 2%, BACLOFEN 2 %, LIDOCAINE5% TWICE DAILY AS DIRECTED, # 180 GRAMS, 2 REFILLS FOR THE RIGHT SMALL FINGER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS.

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

Decision rationale: According to pages 111-113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The only topical NSAID approved by FDA is diclofenac. Flurbiprofen and baclofen are not recommended as a topical medication. Cyclobenzaprine is not recommended for use as a topical analgesic. Topical formulations of lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. In this case, the patient was prescribed compound cream on 07/23/14. The requested compound cream contains Flurbiprofen, cyclobenzaprine, lidocaine, and baclofen which are not recommended for topical use. Guidelines state that any compounded product that contains a drug class that is not recommended is not recommended. Therefore, the request for TOPICAL CREAM: FLURBIPROFEN 15%, CYCLOBENZEPINE 2%, BACLOFEN 2 %, LIDOCAINE5% TWICE DAILY AS DIRECTED, # 180 GRAMS, 2 REFILLS FOR THE RIGHT SMALL FINGER is not medically necessary.