

Case Number:	CM14-0170483		
Date Assigned:	10/20/2014	Date of Injury:	05/29/2010
Decision Date:	12/15/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/15/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 57 year old with an injury date on 5/29/10. Patient complains of bilateral right > left elbow pain traveling to left forearm rated 2/10, bilateral right > left wrist pain traveling to left forearm, rated 5-6/10, bilateral right > left hand pain rated 2-3/10, and constant pain in right fingers and thumb rated 5/10 per 9/11/14 report. Based on the 9/11/14 progress report provided, the diagnoses are: 1. left carpal tunnel release 2. lateral epicondylitis, right elbow 3. Status post (s/p) extensor mechanism modification Exam on 9/11/14 showed "decreased adduction of right thumb (10/35 degrees). Range of motion of left elbow reduced, especially flexion by 20 degrees. Left wrist range of motion reduced, especially dorsiflexion by 50%." Patient's treatment history includes home exercise program, rest, and heat. The treater is requesting flurbiprofen 20 percent for inflammation 180g and TG Ice for pain 180g. The utilization review determination being challenged is dated 9/26/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20 percent for inflammation 180g: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific.

Decision rationale: This patient presents with bilateral elbow pain, bilateral wrist pain, bilateral hand pain, pain in right fingers/thumb. The treater has asked for Flurbiprofen 20 percent for inflammation 180g on 9/11/14. Patient has been using Flurbiprofen since 5/22/14 report. Regarding topical non-steroidal anti-inflammatory drugs (NSAIDs), MTUS states they are 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. In this case, the patient has been using Flurbiprofen for 3 months without documentation of effectiveness. Regarding medications for chronic pain, MTUS page 60 states treater must determine the aim of use, potential benefits, adverse effects, and patient's preference. Only one medication should be given at a time, a trial should be given for each individual medication, and a record of pain and function should be recorded. The request is not medically necessary.

TGIce for pain 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chapter for Forearm, wrist, hand, section on Cold packs, shoulder chapter, section on Continuous-flow cryotherapy, knee chapter, section on Continuous-flow cryotherapy

Decision rationale: This patient presents with bilateral elbow pain, bilateral wrist pain, bilateral hand pain, pain in right fingers/thumb. The treater has asked for TG ICE for pain 180g on 9/11/14. Regarding cryotherapy, ODG allows for short-term post-operative use for 7 days. ODG states that no research shows any additional added benefit for more complicated cryotherapy units over conventional ice bags or packs. In this case, the treater has requested an ice machine, but ODG only recommends cryotherapy for short-term postoperative use. In addition, complicated ice machine units are not indicated. The requested TG Ice for pain 180g is not medically necessary. The request is not medically necessary.