

Case Number:	CM13-0072135		
Date Assigned:	07/23/2014	Date of Injury:	08/03/2011
Decision Date:	02/10/2015	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/31/2013

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 60-year-old man who sustained a work-related injury on August 3, 2011. Subsequently, the patient developed a chronic upper extremities pain. According to a progress report dated on November 18, 2013, the patient was complaining of bilateral wrists pain, elbow pain and right hand pain with numbness and tingling in both hands and weakness. The patient physical examination demonstrated reduced range of motion of the wrist bilaterally right elbow . The provider requested authorization for further medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Floriset (Butalbital/APAP) 50/325/40mg tablets #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BCAs Page(s): 23.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Fioricet. <http://www.rxlist.com/fioricet-drug.htm>.

Decision rationale: Butalbital, Acetaminophen and Caffeine are a combination used for migraine headaches. Its long term use is not recommended in neck/back pain and there is no

documentation of migraine headache. Therefore, the request for the use of Floricet (Butalbital /APAP) 50/325/40mg tablets #60 is not medically necessary.

Flubiprofen Topical Creme: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no proven efficacy of topical application of Flurbiprofen. Furthermore, oral form of this medication was not attempted, and there is no documentation of failure or adverse reaction from its use. There is no documentation of failure or adverse reaction from first line oral medications. Based on the above, the use of Flurbiprofen topical crme is not medically necessary.

Imitrex (Sumatriptan Succinate): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, Triptans

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Migraine Headache Medication, <http://emedicine.medscape.com/article/1142556-medication#2>.

Decision rationale: Imitrex is triptan used as abortive medication for moderately severe to severe migraine headaches. There is no documentation that the patient is suffering from a moderate to severe migraine. Therefore, the request for Imitrex (Sumatriptan Succinate) is not medically necessary.