MAXIMUS Federal Services

Case Number:	CM15-0002782		
Date Assigned:	01/13/2015	Date of Injury:	03/27/2009
Decision Date:	03/13/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/06/2015

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, Washington
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 68-year-old male who reported an injury on 03/27/2009. The mechanism of injury was not provided. On 12/17/2014, the injured worker presented for a followup. He noticed that his ability to use his right hand is decreasing and is colder than the left side. Current medications included melatonin, ibuprofen, and topical flurbiprofen. On the examination of the upper extremities, his right hand had full sensation throughout. There was no pain at the wrist joint. There is full range of motion of the hand, wrist, and fingers, however, the 3rd finger has difficulty and lacks 0.5 cm of flexion. There was 3/5 grip strength on the right and 5/5 strength on the left. The diagnoses were crush injury of the right hand, and high likelihood of "CRSP." The treatment plan included over the counter Tylenol arthritic strength, flurbiprofen with lidocaine, and a followup in 6 weeks. There was no rationale provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Flurbiprofen 20%, Lidocaine 5% cream 30gm #1 tube: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Topical Salicylate Page(s): 111-113, 105. Decision based on Non-MTUS

Citation Official Disability Guidelines (ODG); Flur_Lido (Hegmann K, 2nd Edition 2008) pages 779-781

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

Decision rationale: The request for topical flurbiprofen 20%, lidocaine 5% cream 30gm #1 tube is not medically necessary. The California MTUS Guidelines state that topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The guidelines note that Lidoderm is the only topical form of lidocaine that is FDA approved. Topical NSAIDs are recommended for osteoarthritis and tendinitis, in particular that of the knee, elbow, or other joints amenable to topical treatment. It is recommended for short term use, 4 to 12 weeks. There is no evidence to use topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder.The injured worker's diagnosis is not congruent with the guideline recommendation for topical NSAIDs. Additionally, the guidelines do not recommend topical lidocaine in any other form other than Lidoderm. There is no information on treatment history and efficacy of the prior use of the medication noted to support continued use. The site at which the topical flurbiprofen/lidocaine cream was indicated for was not specified in the request as submitted. As such, medical necessity has not been established.