

Case Number:	CM15-0125595		
Date Assigned:	07/10/2015	Date of Injury:	02/18/2009
Decision Date:	08/06/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	06/29/2015

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: Massachusetts

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 59-year-old female, who sustained an industrial injury on 2/18/09. The diagnoses have included left middle finger trigger finger, left middle finger arthrofibrosis, left middle finger fracture, status post open reduction internal fixation (ORIF), and rule out carpal tunnel syndrome left hand. Treatment to date has included medications, activity modifications, surgery, diagnostics, physical therapy, bracing, splinting, and other modalities. Currently, as per the physician progress note dated 6/8/15, the injured worker complains of persistent pain in the left hand and fingers. The pain is rated 3/10 on pain scale. The objective findings reveal that the exam of the left wrist reveals a scar on the long finger, tenderness to palpation of the dorsal carpal and extensor tendons, decreased range of motion, positive Tinel's sign and Phalen's sign, decreased muscle strength and decreased sensation. The exam of the fingers of the left hand revealed decreased range of motion. The current medications included Tramadol. There is no previous urine drug screen report noted. The physician requested treatment included Flurbiprofen/Baclofen/Lidocaine cream (20%/5%/4%) quantity 180gm, apply a thin layer 2-3 times a day or as directed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Baclofen/Lidocaine cream (20%/5%/4%) quantity 180gm, apply a thin layer 2-3 times a day or as directed: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113.

Decision rationale: The claimant sustained a work-related injury in February 2009 and continues to be treated for left hand and finger pain. She sustained a left third finger fracture and underwent ORIF. She has a trigger finger and possible carpal tunnel syndrome. When seen, there was decreased wrist and finger range of motion. There was dorsal tenderness. Tinel and Phalen tests were positive. There was decreased strength and median nerve distribution sensation. Compounded topical preparations of Flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as Diclofenac. Baclofen is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time. This medication was not medically necessary.