

Case Number:	CM15-0125943		
Date Assigned:	07/10/2015	Date of Injury:	11/15/2012
Decision Date:	09/10/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	06/30/2015

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: New York

Certification(s)/Specialty: Pediatrics, Internal Medicine

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 53 year old female, who sustained an industrial injury on 11/15/2012. The current diagnoses are bilateral upper extremity overuse syndrome, chronic cervical strain with degenerative changes, and diffuse bilateral hands synovitis, bilateral wrist paresthesia, and status post right endoscopic carpal tunnel release (6/19/2015). According to the progress report dated 5/24/2015, the injured worker complains of persistent neck pain with radiation down her bilateral arms and associated with weakness, numbness, and tingling on the right. Her neck pain is rated 7-8/10 on a subjective pain scale. In addition, she reports frequent bilateral hand pain, which she rates 5-6/10. Per notes, she does take Norco, which reduces her pain from 8/10 to 4/10. The physical examination of the cervical spine reveals decreased range of motion, diminished sensation along the left upper arm and left C5, C6, C7, and C8, decreased deep tendon reflexes of the left biceps, and positive Spurling's/compression test on the left. Examination of the bilateral hands reveals diffuse tenderness over the interosseous spaces, decreased grip strength, and positive Phalen's/and Tinel's test. Treatment to date has included medication management, x-rays, physical therapy, MRI studies, electrodiagnostic testing, and surgical intervention. The injured worker is currently working modified duty. A request for topical compound cream has been submitted.

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%/ 15%/ 14%) 180gm: 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 the CA MTUS Chronic Pain Medical Treatment Guidelines topical analgesics are recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Per the guidelines, Flurbiprofen agent is not currently FDA approved for a topical application. In addition, the CA MTUS states that the only form of topical Lidocaine that is recommended is Lidoderm patch. In this case, there is no documentation that the injured worker has failed a trial of oral antiepileptic and antidepressant medications to support the use of topical analgesics as required by the CA MTUS. In addition, Flurbiprofen is not FDA approved for topical application. Furthermore, any topical agent with Lidocaine is not recommended if it is not in the form of Lidoderm patch. Therefore, based on CA MTUS guidelines and submitted medical records, the request for topical compound application is not medically necessary.