

Case Number:	CM15-0176961		
Date Assigned:	09/17/2015	Date of Injury:	08/18/2013
Decision Date:	10/20/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/08/2015

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 63 year old female, who sustained an industrial injury on 8-18-13. Medical record indicated the injured worker is undergoing treatment for bilateral carpal tunnel syndrome and De Quervain's tenosynovitis. Treatment to date has included activity restrictions, topical non-steroidal anti-inflammatory agent and thumb spica splint. Currently on 5-5-15 and 7-14-15, the injured worker complains of bilateral wrist pain, right greater than left and pain shoots to right shoulder with tingling and numbness; pain is rated 8 out of 10. Work status is noted to be with modifications. Physical exam performed on 7-14-15 revealed tenderness to palpation of bilateral hands. On 7-14-15 a request for authorization was submitted for Flurbiprofen 20% Lidocaine 5% in Lipoderm base 30gm tube and Flurbiprofen 20% Lidocaine 5% in Lipoderm base 60gm tube. On 8-19-15 utilization review non-certified requests for Flurbiprofen 20% Lidocaine 5% in Lipoderm base 30gm tube and Flurbiprofen 20% Lidocaine 5% in Lipoderm base 60gm tube noting guidelines do not support use of Flurbiprofen topically and lidocaine topically except in patch formulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 25% Lidocaine 5% Lipoderm Base Topical 30 Gm Tube: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The claimant sustained a work injury in August 2013 and continues to be treated for bilateral wrist pain with diagnoses of carpal tunnel syndrome and De Quervain's tenosynovitis. In May 2015 Nalfon and Prilosec were being prescribed. When seen, she was having bilateral wrist pain rated at 8/10 with numbness, tingling, and pain shooting to the right shoulder. Physical examination findings included positive Phalen's, Tinel's, and Finkelstein's testing. Topical compounded cream was prescribed. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, Nalfon and Prilosec had been prescribed and there may be intolerance of oral NSAID medications. However, 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. The claimant has not had a trial of topical diclofenac. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments with generic availability that could be considered. This medication was not medically necessary.

Flurbiprofen 25% Lidocaine 5% Lipoderm Base Topical 60 Gm Tube: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The claimant sustained a work injury in August 2013 and continues to be treated for bilateral wrist pain with diagnoses of carpal tunnel syndrome and De Quervain's tenosynovitis. In May 2015 Nalfon and Prilosec were being prescribed. When seen, she was having bilateral wrist pain rated at 8/10 with numbness, tingling, and pain shooting to the right shoulder. Physical examination findings included positive Phalen's, Tinel's, and Finkelstein's testing. Topical compounded cream was prescribed. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, Nalfon and Prilosec had been prescribed and there may be intolerance of oral NSAID medications. However, 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. The claimant has not had a trial of topical diclofenac. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments with generic availability that could be considered. This medication was not medically necessary.