

Case Number:	CM15-0177932		
Date Assigned:	09/18/2015	Date of Injury:	10/07/2010
Decision Date:	10/27/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/09/2015

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, North Carolina

Certification(s)/Specialty: Family Practice

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 54 year old female, who sustained an industrial injury on 10-7-10. Medical record indicated the injured worker is undergoing treatment for status post DeQuervain's release bilateral wrist, bilateral 1st webspace pain and bilateral medial and lateral epicondylitis. Treatment to date has included DeQuervain's release bilateral wrist. Currently on 6-1-15, the injured worker complains of gradual onset of bilateral pain and tenderness over base of 1st webspace, symptoms worst on gripping and grasping with thumbs and she reports improvement over area of surgery and on 7-20 15 she reported soreness to both elbows with resistive wrist extension. She is currently not working. Physical exam on 6-1-15 noted tenderness to base of 1st webspace, ulnar aspect of trapezial metacarpal joint and on 7-20-15 noted soreness to palpation f medial and lateral epicondyle regions bilaterally with full range of motion and soreness to bilateral 1st webspace. The treatment plan on 6-1-15 included request for topical Flurbiprofen 20% with capsaicin and repeat x-rays of bilateral hands to evaluate 1st webspace. On 9-8-15 utilization review non-certified a request for topical Flurbiprofen 20% with capsaicin noting guidelines do not recommend topical analgesic creams as they are considered highly experimental without proven efficacy and there is no documentation of intolerance to similar medications to be taken on an oral basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 25 Percent, Capsaicin .025 Percent 30 Grams Qty 1: 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: CA MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. There is little to no research to support the use of many of these agents. Topical agents are generally only recommended after a failure of first-line agents (antidepressants, anticonvulsants), which is not documented in this case. There is also no documentation of the patient's intolerance of first-line agents or inability to take oral medications. Therefore, the request is not medically necessary or established.