

Case Number:	CM15-0069560		
Date Assigned:	04/17/2015	Date of Injury:	10/15/2009
Decision Date:	05/18/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/13/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 52 year old female, who sustained an industrial/work injury on 10/15/09. She reported initial complaints of pain to the right wrist, elbow, and shoulder. The injured worker was diagnosed as having carpal tunnel syndrome with release and right lateral epicondylitis. Treatment to date has included medication, diagnostics, surgery (right carpal tunnel release on 2/4/11), wrist brace, and physical therapy. MRI results were reported on 12/6/09. Electromyography and nerve conduction velocity test (EMG/NCV) was performed on 6/8/10 and 10/17/11. X-Rays results were reported on 6/8/10. Currently, the injured worker complains of increased left wrist pain and elbow pain. Per the primary physician's progress report (PR-2) on 1/12/15, the injured worker had used the brace for the left wrist with increased nighttime paresthesia causing sleep disruption. Exam noted tenderness with palpation over the lateral epicondyle, positive Tinel's test over the cubital tunnel, positive Cozen's sign, full but painful range of motion, and diminished sensation in the ulnar digits. The right wrist revealed tenderness to palpation over the volar aspect of the wrist, pain on terminal flexion. The left wrist had tenderness with palpation over the volar aspect, positive palmar compression test with positive Phalen's and Tinel's, painful range of motion, and diminished sensation in the radial digits. The requested treatments include Flurbiprofen/Capsaicin (patch) Cream and Lidocaine/Hyaluronic (patch) Cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Capsaicin (patch) 10%/0.025% cream qty: 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, page(s) 111-113.

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded NSAID over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of NSAID without improved functional outcomes attributable to their use. The Flurbiprofen/Capsaicin (patch) 10%/0.025% cream qty: 120 is not medically necessary and appropriate.

Lidocaine/Hyaluronic (patch) 6%/0.2% cream qty: 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, page(s) 111-113.

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury without documented functional improvement from treatment already rendered. The Lidocaine/Hyaluronic (patch) 6%/0.2% cream qty: 120 is not medically necessary and appropriate.