

Case Number:	CM15-0079093		
Date Assigned:	04/30/2015	Date of Injury:	04/23/2013
Decision Date:	05/29/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/24/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 64 year old female who sustained an industrial injury on 4/23/13 resulting in a left distal radius fracture, multiple abrasions/ contusions. She was treated with a left volar wrist splint and Percocet. She had an x-ray which revealed a mild impacted distal radial fracture. She currently complains of pain in the left distal ulnar area. Her pain level is 2-3/10. Medications are Norco, Anaprox and flurbiprofen Lidocaine cream. Diagnoses include left distal radius angulated fracture; persistent pain, limited function, left hand. Treatments to date include occupational therapy; home exercise; medications; ice; wrist splint. In the progress notes dated 1/14/15, 3/10/15 the treating provider's plan of care requests flurbiprofen Lidocaine cream to left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 25% - Lidocaine 5% in Lidoderm Base - retrospective DOS 2/10/15: 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: Flurbiprofen 25% - Lidocaine 5% in Lidoderm Base - retrospective DOS 2/10/15 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that topical NSAIDs are indicated in osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The guidelines indicate that topical formulations of lidocaine (whether creams, lotions or gels) are not indicated for neuropathic pain. The documentation does not indicate intolerance to oral medications. The guidelines additionally add that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Lidocaine is not recommended by the MTUS. Therefore, the request for Flurbiprofen 25% - Lidocaine 5% in Lidoderm Base - retrospective DOS 2/10/15 is not medically necessary.