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| Case Number: | CM15-0090969 | | |
| Date Assigned: | 05/15/2015 | Date of Injury: | 04/30/1998 |
| Decision Date: | 08/11/2015 | UR Denial Date: | 04/27/2015 |
| Priority: | Standard | Application Received: | 05/11/2015 |

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: Arizona, California
 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 was a 61 year old female, who sustained an industrial injury, April 30, 1998. The injured worker previously received the following treatments Norco, Motrin, Flubiprofen - Capsaicin cream and Oxycontin. The injured worker was diagnosed with chronic pain in the wrist and forearm and carpal tunnel syndrome. According to progress note of April 13, 2015, the injured worker's chief complaint was chronic wrist pain. The pain was severe at times. Medications were helpful and without side effects. The mediations helped decrease the pain and increase function. The quality of life was improved while being on the mediations and help- with performing activities of daily living. The pain was rated at 4 out of 10 with mediations. The injured worker continued with severe wrist pain due to tendinitis and carpal tunnel syndrome. The left upper arm exam noted tendon sheath swelling, positive Finkelstein's test, positive Phalen's test and positive Tinel's test. The range of motion was decreased with radial bending with pain, decrease ulnar bending and pain with bending. The treatment plan included a prescription renewal for Flurbiprofen and Capsaicin cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound cream - Flurbiprofen 25%, Capsaicin 0.0275% 1 tube: 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): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Flurbiprofen is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant had been on the Flurbiprofen 25%, Capsaicin 0.0275% in combination with oral NSAIDS. Topical NSAIDS can reach similar levels as oral medications. In addition, the claimant did not have the diagnosis above. The use of topical Flurbiprofen 25%, Capsaicin 0.0275% is not medically necessary.