

Case Number:	CM15-0093246		
Date Assigned:	05/19/2015	Date of Injury:	11/05/2011
Decision Date:	06/19/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/14/2015

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 58 year old female injured worker suffered an industrial injury on 11/05/2011. The diagnoses included bilateral carpal tunnel releases, cervical discopathy, double crush syndrome, left thumb trigger finger, and bilateral shoulder impingement syndrome. The diagnostics included magnetic resonance imaging of the shoulders. The injured worker had been treated with medications. On 2/26//2015, the treating provider reported constant cervical pain that radiated to the upper extremities with associated headaches that are migraines in nature that pain rated 8/10. There was frequent pain in the right shoulder 5/10 along with discomfort in both wrist sand hands. The pain in the left thumb was 7/10. The treatment plan included Flurbiprofen/Capsaicin Patch and Lidocaine/Hyaluronic Patch.

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 quantity 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, (2) Topical Analgesics Page(s): 60, 111-113.

Decision rationale: The claimant sustained a work-related injury in November 2011. When seen, he was having radiating neck pain, right shoulder pain, and bilateral hand and wrist pain. There was tenderness with decreased range of motion and left thumb triggering. Medications include oral Fenoprofen. Topical medications are being prescribed. Flurbiprofen is a non-steroidal anti-inflammatory medication. 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. Additionally, oral Fenoprofen is being prescribed. Prescribing two NSAID medications is duplicative. Therefore, this medication was not medically necessary.

Lidocaine/Hyaluronic Patch 6%/0.2% cream quantity 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmed/15857456.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, (2) Topical Analgesics Page(s): 60, 111-113.

Decision rationale: The claimant sustained a work-related injury in November 2011. When seen, he was having radiating neck pain, right shoulder pain, and bilateral hand and wrist pain. There was tenderness with decreased range of motion and left thumb triggering. Medications include oral Fenoprofen. Topical medications are being prescribed. Many agents are compounded as monotherapy or in combination for pain control such as opioids antidepressants, glutamate receptor antagonists, alpha-adrenergic receptor agonists, adenosine, cannabinoids, cholinergic receptor agonists, GABA agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor. There is little to no research to support the use of many these agents including topical hyaluronic acid. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time. Therefore, this medication was not medically necessary.