

Case Number:	CM13-0015560		
Date Assigned:	06/06/2014	Date of Injury:	02/13/2013
Decision Date:	07/11/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	08/23/2013

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. The expert reviewer is Board Certified in Orthopaedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 gentleman who states that he sustained a work-related injury cumulative trauma on February 13, 2013. The injured worker was seen on June 25, 2013, and complained of pain in his right shoulder, right elbow, right wrist, and right hand. Current medications include Tylenol for pain. The physical examination of the right shoulder on this date noted 110 of flexion, 90 of abduction and limited rotation due to pain. There was diffuse tenderness about the right shoulder girdle. They made it difficult to assess rotator cuff strength. Examination of the right elbow noted full range of motion with diffuse tenderness about the elbow worst over the lateral epicondyle. There was pain with resisted dorsi flexion of the wrist. Examination the right wrist noted 60 of flexion 40 of extension 10 of ulnar deviation and 10 of radial deviation. There was diffuse tenderness about the right forearm and wrist. An MRI the right shoulder noted a significant superior labrum anterior to posterior (SLAP) tear as well as rotator cuff tendinitis. An MRI the right elbow noted lateral epicondylitis. An MRI of the right wrist noted minor degenerative changes. There was a diagnosis of a right shoulder SLAP tear, right elbow lateral epicondylitis, right wrist strain, and traumatic arthropathy of the right hand. Surgical intervention was not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR COMPOUND MEDICATIONS FLURBIPROFEN AND CAPSAICIN FOR THE RIGHT WRIST, RIGHT ELBOW, AND ALL FINGERS ON THE RIGHT HAND: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), NSAIDs, dated June 10, 2014.

Decision rationale: While the Chronic Pain Medical Treatment Guidelines endorse the use of topical anti-inflammatory medications as an option for pain relief, this guideline only endorses the use of diclofenac for osteoarthritis and tendinitis as identified in the injured worker. There is no recommendation for the use of Flurbiprofen in these guidelines. Similarly the Official Disability Guidelines (ODG) only endorses oral usage of this medication. Additionally capsaicin is only recommended as an option in patients with not responded or intolerant to other treatments. There is no information in the attached medical record that the injured worker has failed to improve with other medications. For these reasons this request for topical usage of flurbiprofen and capsaicin is not medically necessary.