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| Case Number: | CM13-0021522 | | |
| Date Assigned: | 11/13/2013 | Date of Injury: | 03/13/2013 |
| Decision Date: | 02/11/2014 | UR Denial Date: | 08/22/2013 |
| Priority: | Standard | Application Received: | 09/09/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic 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 physician 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 claimant is a 52-year-old female who was injured on March 13, 2013 with current working diagnoses of bilateral shoulder sprains, lumbago and cervicgia. This was the result of a work related injury. Current clinical records for review include a progress report of August 2, 2013 progress report with [REDACTED] stating continued complaints of neck, hand, right upper extremity, right wrist, back and bilateral hip complaints from work related injury. Objective evaluation demonstrated tenderness to the cervical, thoracic and lumbar spine, restricted lumbar range of motion with neurologic evaluation showing intact sensation, motor and reflexive examination to the upper and lower extremities. Reviewed at that date were radiographs of the cervical spine, right hand, right wrist and lumbar spine demonstrating no acute osseous abnormality. The claimant was given the following diagnoses: 1. Cervicotrapezial strain. 2. Acromioclavicular joint sprain. 3. Right elbow forearm extensor sprain with irritation of the superficial radial nerve. 4. Lumbar strain. 5. History of lupus. Continuation of conservative measures at that date were noted including the role of topical compounding agents to include a combination of flurbiprofen, tramadol and Lidoderm as well as a second compounded topical consisting of Capsaicin, flurbiprofen and methyl salicylate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.025 Flurbiprofen 30% / Methyl Salicylate: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: Based on California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, topical analgesics are not indicated if any one agent is not supported. The Guidelines would not support the role of flurbiprofen or Capsaicin as first line agents. Flurbiprofen is not an Food and Drug Administration (FDA) approved nonsteroidal medication for use in the topical setting. The above would fail to necessitate the role of this compounded agent as medically necessary.

Flurbiprofen 30%/ Tramadol 20%/ Lidoderm base: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 11-113 Page(s): 111-113.

Decision rationale: Based on California Medical Treatment Utilization Schedule (MTUS) Medical Treatment Guidelines, the combination of Flurbiprofen, tramadol and Lidoderm also would not be indicated. Food and Drug Administration (FDA) does not approve the role of Flurbiprofen in the topical setting. The role of nonnarcotic analgesics in the role of tramadol are also not supported by Food and Drug Administration (FDA) for topical use. The combination to include Lidoderm, tramadol and Flurbiprofen are not supported as a topical compounding agent based on the above.