

Case Number:	CM13-0021543		
Date Assigned:	06/06/2014	Date of Injury:	02/13/2013
Decision Date:	07/14/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/09/2013

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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 individual sustained an injury on 2/13/2013. The mechanism of injury was a repetitive right upper extremity injury while packing boxes. There were ongoing complaints of right shoulder, elbow, wrist and hand pain. At the most recent office visit dated 6/25/2013, physical examination demonstrated tenderness to entire right shoulder girdle, shoulder range of motion limited due to pain: flexion 110 abduction 90; tenderness to entire elbow slightly worse over the lateral epicondyle, full range of motion with pain in resisted dorsiflexion of the wrist, tenderness to entire forearm and wrist, range of motion: flexion 60, dorsiflexion 40, ulnar and radial deviation 10. No acute neurological or vascular abnormalities throughout the upper extremities. MRI of the right shoulder, dated 4/11/2013, demonstrated a SLAP tear with anterior labrum tear. MRI of the right elbow, dated 4/11/2013, demonstrated a joint effusion and lateral epicondylitis. MRI of the right wrist, dated 4/11/2013, showed a focal signal within the triangular fibrocartilage complex with cystic and degenerative changes. EMG, dated 6/12/2013, showed a pattern consistent with a right C7 radiculopathy. Diagnoses: Right SLAP tear with rotator cuff tendinitis, right elbow lateral epicondylitis, right wrist strain and right hand traumatic arthropathy. A request had been made for Flector 1.3% patch, Capsaicin/Flurbiprofen/Salicylate/Lipoderm base, Flurbiprophen/Tramadol/Lipoderm base. The utilization review in question was dated 8/28/2013 and rendered the request as not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLECTOR 1.3% PATCH, CAPSACIAN/ FLURBIPROFEN SALICYLATE/ LIPODERM BASE, FLURBIPROPHEN/ TRAMADOL/ LIPODERM BASE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009), Topical Analgesics Page(s): 111-113.

Decision rationale: California Medical Treatment Utilization Schedule (CAMTUS) guidelines state that topical analgesics are "largely experimental," and that "any compound product that contains at least one drug (or drug class), is not recommended." The guidelines note there is little evidence to support the use of topical NSAIDs for treatment of the above noted diagnosis. Additionally, the guidelines state there is no evidence to support the use of topical Cyclobenzaprine (muscle relaxant) and advise against the addition of Cyclobenzaprine to other agents. Therefore, this request is not considered medically necessary.