

Case Number:	CM13-0021928		
Date Assigned:	11/13/2013	Date of Injury:	04/26/2010
Decision Date:	01/24/2014	UR Denial Date:	08/21/2013
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 Physical Medicine and Rehabilitation, 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 underlying date of injury in this case is 04/26/2010. The primary diagnosis is 840.0 or acromioclavicular strain. An initial physician review recommended non-certification of this request. A treating physician followup note of 07/10/2013 notes that the patient presented in followup with radiating pain to the right shoulder/arm as well as pain and numbness in the right wrist/hand. The patient was diagnosed with cervical strain and cervical discogenic pain as well as right shoulder sprain with tendinitis and impingement syndrome and compensatory left shoulder sprain as well as right carpal tunnel syndrome. The treating provider recommended physical therapy, bilateral wrist sprints, extracorporeal shock wave therapy, Fluoroplex 180 g, and also a Medrox patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flur/cyclo 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OGD

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

Decision rationale: The MTUS Chronic Pain Guidelines' Section on Topical Analgesics, page 111, states, "The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required." The medical records provided for review at this time contain very limited information regarding the specific rationale or mechanism of action of this requested medication or the rationale to request this in combination with a second topical agent. Overall the records and guidelines do not support this request. The request for Flur/cyclo 180gm is not medically necessary and appropriate.