

Case Number:	CM13-0027670		
Date Assigned:	11/22/2013	Date of Injury:	10/24/2005
Decision Date:	01/29/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/23/2013

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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic wrist pain reportedly associated with an industrial injury of October 24, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; attorney representation; topical compounds; and extensive periods of time off of work, on total temporary disability. In a utilization review report of August 28, 2013, the claims administrator denied a request for topical compounds. The applicant's attorney later appealed. A later note of November 8, 2013 is notable for comments that the applicant reports persistent neck, bilateral shoulder, and bilateral hand pain. She was given diagnoses of neck pain, mid back pain, carpal tunnel syndrome, medial epicondylitis, and shoulder pain. The applicant is asked to employ Valium and a topical compounded flurbiprofen-containing cream. An earlier note of October 14, 2013 was notable for comments that the applicant was using the same topical compound and remained off of work, on total temporary disability, as of that date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 25%- Lidocaine 5% ointment 30gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: As noted in the ACOEM Guidelines, oral pharmaceuticals are a first-line palliative method. In this case, there is no evidence of intolerance to and/or failure of first-line oral pharmaceuticals so as to justify usage of topical compounds which are, per page 111 of the MTUS Chronic Pain Guidelines, "largely experimental." It is further noted that the applicant appears to have used this particular topical compound in the past and has failed to derive any lasting benefit or functional improvement through prior usage of the same. The applicant has used this particular compound throughout 2013 and remains off of work, on total temporary disability, arguing against efficacy of the compound in question. For all these reasons, then, the request for Flurbiprofen 25%- Lidocaine 5% ointment 30gm is not medically necessary and appropriate.