

Case Number:	CM13-0031149		
Date Assigned:	12/04/2013	Date of Injury:	10/15/2010
Decision Date:	01/21/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/02/2013

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.

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 patient is a 30 yo old female with a date of injury of 10/15/2010. She has injury to her hands and wrists. She reports bilateral wrist and hand pain. Physical exam shows tenderness along the APL tendons bilaterally, murderous range of motion. She has had physical therapy, occupational therapy, medication, activity modification as treatment. She has work restrictions limiting lifting to 5 pounds. She has been requested injections, braces. There is no indication she has failed oral meds or if she has used the topical cream requested in her recent notes. There is no indication given for the treatment. Diagnosis includes bilateral CTS and deQuervain's.

IMR ISSUES, DECISIONS AND RATIONALES

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

Theraflex cream (Flurbiprofen/Cyclobenzaprine/Menthol 20%/10%/4%) 180g Sig: Upheld

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

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

Decision rationale: CA MTUS chronic pain guides page 111 discuss topical analgesics, including NSAIDS. The guidelines state that anti-inflammatories maybe used topically for osteoarthritis. Osteoarthritis was not indicated as a reason for this medication. In addition the guidelines say that and he compounded product that contains at least one drug that is not

recommended is not recommended And since NSAIDs are not recommended for this condition, this treatment is not recommended for this condition. This treatment is not medically necessary.