

Case Number:	CM13-0037961		
Date Assigned:	12/18/2013	Date of Injury:	04/03/2008
Decision Date:	03/21/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/24/2013

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 Texas. 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 patient is a 64-year-old male who reported a work-related injury on 4/3/08. The patient suffered an injury to the wrist while employed as a machine operator. The patient is currently diagnosed as status post a left shoulder rotator cuff repair, status post left carpal tunnel release, left elbow olecranon bursitis, right carpal tunnel syndrome, cervical pain, cervical radiculitis in the left upper extremity, low back pain, radiculitis in the left lower extremity, thoracic herniated disc, rule out internal derangement in the right shoulder, and depression. The most recent physician's progress report is dated 11/21/13. On that date, the patient reported 80% improvement following surgical intervention to the left shoulder. Physical examination revealed a positive Spurling's maneuver, positive tenderness in the paracervical musculature, muscle spasm, diminished sensation, positive tenderness in the paralumbar musculature, muscle spasms in the paralumbar musculature, decreased strength, positive straight leg raise, positive AC joint tenderness, positive AC joint compression test, 4/5 strength in the bilateral upper extremities, diminished sensation in the right upper extremity, positive Tinel's and Phalen's testing of the right wrist, and diminished sensation in the left wrist. Treatment recommendations included prescriptions for Cyclobenzaprine, Diclofenac XR, Omeprazole, Ondansetron, Tramadol ER, and Wellbutrin. $\hat{a}i$

IMR ISSUES, DECISIONS AND RATIONALES

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

retrospective request for Diclofenac/Indomethacin/Lidocaine/ Hyaluronidase: 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 Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state that topical analgesics are largely experimental in use, with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The only FDA-approved topical NSAID is Diclofenac. Lidocaine is indicated for peripheral pain or neuropathic pain after there has been evidence of a trial of first-line therapy. As per the documentation submitted, there is no evidence of a failure to respond to first-line oral medication prior to the initiation of a topical analgesic. There was no physician's progress report submitted on the requesting date. The California MTUS guidelines further state that any compounded product that contains at least one drug that is not recommended is not recommended as a whole. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.