

Case Number:	CM13-0042713		
Date Assigned:	12/27/2013	Date of Injury:	01/30/2012
Decision Date:	04/22/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	10/30/2013

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 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 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 underlying date of injury in this case is 10/21/2013. The treating diagnoses include right chronic cervical myofascial pain, right lateral epicondylitis with mild nerve entrapment, lumbar radiculopathy/radiculitis, thoracic radiculitis, right hand/wrist sprain, and internal derangement of the wrist. On 06/07/2013, the patient's primary treating physician saw the patient in follow-up regarding multifocal pain including right shoulder pain and noted right shoulder impingement signs on exam. The treatment plan included a right shoulder arthroscopic subacromial decompression. There are no physician office notes available which discuss the current requested topical analgesics. A request for authorization regarding dates of service 04/11/2013 and 06/11/2013 requests approval for topical compound with capsaicin, menthol, and camphor and also another compound containing tramadol, gabapentin, and cyclobenzaprine. An initial physician review noted that medical records did not contain sufficient information to support the medical necessity of either of two requested topical agents.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLURBIPROFEN 10% CREAM (DISPENSED 04/11/13 & 06/11/13, QUANTITY #2:
Upheld

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

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

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on topical analgesics, page 111, recommends the use of topical analgesics only with documentation of a specific rationale and proposed mechanism of action of the medication; such documentation is not present at this time. Additionally, these guidelines recommend the use of topical anti-inflammatory medications only for short-term use and not for a chronic injury such as in this case. Moreover, the records are unclear in terms of why a compounded anti-inflammatory medication would be requested rather than a labeled topical anti-inflammatory medication. Overall, the medical records and guidelines do not support this request. This request is not medically necessary.

TRAMADOL HCL CREAM 7% #1, DISPENSED 04/11/13 & 6/11/13, QUANTITY #2:
Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines section on topical analgesics, page 111, recommends the use of topical agents only with documentation of the specific analgesic effects of each agent and how it will be useful for the specific therapeutical required. The medical records as well the rationale for topical analgesics is very limited. The medical records do not provide a rationale for the use of topical analgesics in general or this topical medication. There is no rationale as to why this patient would require multiple topical analgesics. This request is not medically necessary.