

Case Number:	CM13-0044271		
Date Assigned:	12/27/2013	Date of Injury:	07/12/2009
Decision Date:	02/28/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	10/28/2013

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 Internal 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 claimant is a 52-year-old woman who worked in a clerical capacity who hurt her right wrist and elbow when trying to open a file cabinet that didn't have a handle on 7/12/09. She has been diagnosed with right lateral epicondylitis, s/p right lateral release, and right carpal tunnel syndrome, s/p CT release. She is requesting a topical preparation containing both lidocaine 5% and flurbiprofen 10%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 10%/Lidocaine 5%: 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 section on Topical Analgesics Page(s): 111-113.

Decision rationale: Both medications in the mixture must be indicated for lateral epicondylitis in order to be approved. Per the MTUS Chronic Pain Guidelines, topical NSAIDs may be indicated for tendonitis of the elbow for 4-12 weeks. Voltaren (Diclofenac) is the agent approved for use in the MTUS Chronic Pain Guidelines. Topical lidocaine is not approved in this

formulation (Non-patch) for tendinosis or tendonitis. Since neither component is indicated, the request is not medically necessary and appropriate.