

Case Number:	CM14-0101141		
Date Assigned:	07/30/2014	Date of Injury:	11/19/2013
Decision Date:	09/03/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/01/2014

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 & Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 38-year-old male who reported an injury on 11/19/2013 due to falling off a ladder. Diagnoses were right elbow pain, right elbow olecranon fracture non-union. Past treatments were physical therapy. Diagnostic studies were x-rays. Surgical history was reported as K-wire fixation with tension bands for the right elbow fracture. The injured worker had a physical examination on 06/11/2014 with complaints of right elbow pain and right shoulder pain since the time of the injury. Examination of the right elbow revealed weakness with extension of the right elbow. Supination was 90 degrees, pronation was 80 degrees, range of motion was from 20-120 degrees. There was tenderness noted over the medial and lateral epicondyles. The treatment plan was for open reduction internal fixation of the right elbow and to continue use of the bone stimulator for right elbow. The rationale and Request for Authorization form were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen, Cyclobenzaprine, Gabapentin, Lidocaine, Prilocaine in Lidoderm compound ointment.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The request for flurbiprofen, cyclobenzaprine, gabapentin, lidocaine, and prilocaine and lidoderm compound ointment is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines states they are indicated as a largely experimental medication 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. Any compounded product that contains at least 1 drug (or drug class) that is not recommended, is not recommended. FDA approved routes of administration for flurbiprofen include oral tablets and ophthalmologic solution. The guidelines do not recommend the topical use of cyclobenzaprine as a topical muscle relaxant as there is no evidence for use of any other muscle relaxant as a topical product. The addition of cyclobenzaprine to other agents is not recommended. The request submitted does not indicate a frequency for the medication. The medical guidelines do not support the use of compounded medications. Therefore, the request is not medically necessary.