

Case Number:	CM14-0104470		
Date Assigned:	07/30/2014	Date of Injury:	07/13/2005
Decision Date:	09/03/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/07/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 64-year-old female with a 7/13/05 date of injury. At the time (5/19/14) of the request for authorization for Flurbiprofen 20%/Diclofenac 10% topical cream, 120 grams, unspecified length of supply, there is documentation of subjective (severe pain, she has end stage renal disease requiring hemodialysis 3x/wk) and objective (right hand positive tenderness to palpation dorsum of the hand, decreased range of motion in fingers/wrist, positive atrophy in right fingers and right forearm region, decreased right elbow flexion/extension, decreased right shoulder range of motion) findings, current diagnoses (complex regional pain syndrome of right upper extremity, right shoulder internal derangement with impingement syndrome, myofascial pain syndrome of cervical spine with cervical radiculitis, reactive depression from chronic pain syndrome, and kidney failure), and treatment to date (medication including opioids). There is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist).

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%/Diclofenac 10% topical cream, 120grams, unspecified length of supply:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-

<https://www.acoempracguides.org/Shoulder>; table 2 Summary of Recommendations, Shoulder Disorders ACOEM-<https://www.acoempracguides.org/Chronic Pain>; Table 2 Summary of Recommendations, Chronic Pain Disorders.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory agents (NSAIDs) Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Topical analgesics.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) and short-term use (4-12 weeks), as criteria necessary to support the medical necessity of topical NSAIDs. The Official Disability Guidelines identifies documentation of failure of an oral NSAID or contraindications to oral NSAIDs. Within the medical information available for review, there is documentation of diagnoses of complex regional pain syndrome of right upper extremity, right shoulder internal derangement with impingement syndrome, myofascial pain syndrome of cervical spine with cervical radiculitis, reactive depression from chronic pain syndrome, and kidney failure. In addition, given documentation of kidney failure, there is documentation of contraindications to oral NSAIDs. However, there is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). Therefore, based on guidelines and a review of the evidence, the request for Flurbiprofen 20%/Diclofenac 10% topical cream, 120 grams, unspecified length of supply is not medically necessary.