

Case Number:	CM14-0107478		
Date Assigned:	08/01/2014	Date of Injury:	01/17/2014
Decision Date:	10/01/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/10/2014

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 and Rehabilitation and is licensed to practice in Alabama. 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 patient is a 57 year old female who was injured on 1/17/2014 when she hurt her left shoulder while lifting and moving several banker boxes. She was diagnosed with left hand sprain/strain, left wrist strain/sprain, left shoulder sprain/strain, cervical sprain/strain. The patient was seen for her left shoulder, arm, elbow and wrist after being off of work since March of 2014. She rates her pain 5-7/10. She had tightness/spasm/guarding on exam. Tenderness was noted on the medial and lateral epicondyle of the left elbow. Left forearm and wrist tenderness was also noted on exam. Straight leg test was positive bilaterally and she had facet joint tenderness over the L3, 4, 5 lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective purchase of Ketoprofen powder compound: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Anti-inflammatory cream. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Topical Anti-Inflammatory Cream

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) topical creams

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines support the fact that there are no long-term studies of this topical cream's effectiveness or safety. In addition, there is no documentation of failed trials of guideline-supported topical agents, such as Voltaren gel or Flector patch. Based on these guidelines and patients medical records, this request is not medically necessary.

Retrospective purchase of Flurbiprofen powder compound: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Anti-inflammatory cream. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Topical Anti-Inflammatory Cream

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Topical Pain Cream

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines support the fact that there are no long-term studies of this topical cream's effectiveness or safety. In addition, there is no documentation of failed trials of guideline-supported topical agents, such as Voltaren gel or Flector patch. Based on these guidelines and patients medical records, this request is not medically necessary.