

<b>Case Number:</b>	CM14-0018025		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	08/16/2013
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### 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. 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 56-year-old male who reported an injury on 08/23/2013, while installing a conveyor belt. Current diagnosis is status post open reduction and internal fixation of the left distal ulna fracture. The latest physician progress reported submitted for this review is documented on 01/10/2014. The injured worker was four and a half months status post right distal ulna open reduction and internal fixation. The injured worker reported 9/10 pain. Physical examination revealed tenderness to palpation. Treatment recommendations at that time were not provided. It was noted that the injured worker has not reached maximum medical improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FLURBITAC 100/100MG, #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-72.

**Decision rationale:** California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line treatment

after acetaminophen. As per the documentation submitted, there is no evidence of this injured worker's active utilization of this medication. Guidelines do not recommend long term use of NSAIDs. As such, the request is not medically necessary.

**XOLIDO (LIDOCAINE) 2% CREAM:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** California MTUS Guidelines state lidocaine is indicated for localized peripheral pain or neuropathic pain after there has been evidence of a trial of first line therapy. As per the documentation, there is no indication that this injured worker has failed to respond to tricyclic or SNRI antidepressants or an anticonvulsant. There is no evidence of neuropathic or localized peripheral pain upon physical examination. As such, the request is not medically necessary.

**ENOVARX-IBUPROFEN 10% CREAM:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Page(s): 111-113.

**Decision rationale:** California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The only FDA topical NSAID is diclofenac. Therefore, the current request is not medically appropriate. As such, the request is not medically necessary.