

Case Number:	CM14-0018385		
Date Assigned:	04/18/2014	Date of Injury:	01/24/2013
Decision Date:	08/07/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	02/13/2014

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 Geriatrics and is licensed to practice in New York. 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 54 year old woman with a date of injury of 1/24/13. She was seen by her primary treating physician on 12/6/13 with complaints of pain in her left elbow, right wrist and neck pain which radiated to both shoulders. Her pain was reduced with rest and heat and she was using a TENS unit and acupuncture. Ibuprofen and topical ointments were also said to be helpful as were injections to her right wrist and left elbow. Her physical exam showed moderate right and mild left lateral epicondyle tenderness with normal range of motion of the elbow and forearm. Phalen's test was positive at both wrists and Tinel's was positive on the left and negative on the right. Her diagnoses included bilateral lateral epicondylitis. She received in office right elbow and left wrist injections. At issue in the review are the prescriptions for two compounded creams (length of prior therapy not documented).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective compound Flurbiprofen, Lidocaine, Amitriptyline Powder and Ultraderm, qty: 240, qty: 1: Upheld

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

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

Decision rationale: Topical analgesics are largely experimental with few randomized trials to determine efficacy or safety and are thus, not recommended. Regarding topical Flurbiprofen in this injured worker, she is receiving oral NSAIDs as well as several other treatment modalities which are documented as effective (joint injections, TENS unit, acupuncture etc.) The records do not provide clinical evidence to support medical necessity for additional topical compounded Flurbiprofen, Lidocaine, Amitriptyline Powder and Ultraderm.

Retro compound Gabapentin/Tramadol and Ultraderm qty. 240, qty: 1: 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 Topical Analgesics Page(s): 111-112.

Decision rationale: Topical analgesics are largely experimental with few randomized trials to determine efficacy or safety and are thus, not recommended. Regarding topical Flurbiprofen in this injured worker, she is receiving oral NSAIDs as well as several other treatment modalities which are documented as effective (joint injections, TENS unit, acupuncture etc.) The records do not provide clinical evidence to support medical necessity for additional topical compounded Gabapentin/Tramadol and Ultraderm.