MAXIMUS Federal Services

Case Number:	CM14-0116503		
Date Assigned:	08/04/2014	Date of Injury:	06/15/2013
Decision Date:	10/02/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/24/2014

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 Occupational Medicine, 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:

The applicant is a represented [redacted] employee who has filed a claim for hand and finger pain reportedly associated with an industrial injury of June 15, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; and topical compounded drugs. In a Utilization Review Report dated July 3, 2014, the claims administrator denied a request for a topical compounded agent. The applicant's attorney subsequently appealed.In a May 16, 2014 medical-legal evaluation, the applicant was described as having persistent complaints of shoulder, elbow, and hand pain, exacerbated by gripping and grasping. The applicant was on Motrin, Benicar, Lopressor, Cymbalta, Zocor, and Valium, it was acknowledged. It was suggested that the applicant had returned to work after several months off of the same. A 14% whole person impairment rating was issued. On June 26, 2014, the applicant reported persistent complaints of shoulder and finger pain. It was stated that the applicant was not presently working on that date. Naprosyn and a Flurbiprofen-containing cream were endorsed. The applicant was again given work restrictions, which the applicant's employer was reportedly no longer able to accommodate. In a May 22, 2014 progress note, the applicant was described as having persistent shoulder and finger pain. The applicant was returned to modified work. The applicant's employer was accommodating the applicant's limitations as of that point in time. Naprosyn, Omeprazole, and the Flurbiprofen-containing cream were endorsed via an earlier progress note of April 15, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO: Flurbiprofen 25%/Lidocaine 5%; Ultraderm (Compound) for DOS: 05/22/14: Upheld

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

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

Decision rationale: As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics, as a class, are "largely experimental." In this case, it is further noted that the applicant's ongoing usage of oral pharmaceuticals, including oral Naprosyn, effectively obviates the need for the topical compounded drug at issue. Therefore, the request was not medically necessary.