

Case Number:	CM14-0128411		
Date Assigned:	08/15/2014	Date of Injury:	03/05/2007
Decision Date:	09/15/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/12/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine, 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 patient is a 47-year-old female with an injury date of 03/05/2007. According to the 07/31/2014 progress report, the patient complains of right upper extremity and neck pain. The pain radiates to the right upper extremity (where she is disabled) and the right lower extremity, averaging a 9-10/10. She has decreased grip strength with her right hand, is decreased to pain on palpation at her right upper extremity, and has hypersensitivity to pain on palpation at the right entire upper limb. Her reflex is symmetrically diminished with her upper extremities. The 06/05/2014 progress report states the patient also has psych and sleep disorders, stress, a mended head, extreme back pain, and right upper extremity pain. The patient has been taking multiple medications, including Cymbalta, Norco, Omeprazole, Sulindac, and Norflex. The patient claims that the amount of pain relief she is now receiving from her current pain relievers is enough to make a difference in her life. The patient's diagnoses include: status post right elbow/ulnar nerve decompression surgeries x2; status post right shoulder surgery; complex regional pain syndrome on the right upper extremity; neck pain; lower back pain with referred pain to the right leg; and status post cervical spinal cord stimulator 3 years ago. The Utilization Review determination being challenged is dated 08/07/2014. Treatment reports were provided from 11/19/2013 - 07/31/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request with date of service of 12/17/2013 for flurbiprofen/diclofenac cream (duration unknown and frequency unknown): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 113.

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

Decision rationale: Based on the 07/31/2014 progress report, the patient complains of having right upper extremity pain and neck pain. The retrospective request with the date of service of 12/17/2013 is for flurbiprofen/diclofenac cream (duration unknown and frequency unknown). The patient requested flurbiprofen/diclofenac cream on 12/17/2013. MTUS Guidelines provide a clear discussion regarding topical compounded creams. It does not support the use of topical NSAID for axial/spinal pain, but supports it for peripheral joint arthritis and tendinitis. There is no indication of where the patient will be applying this topical ointment. Therefore, this request is not recommended as medically necessary.