

Case Number:	CM14-0139097		
Date Assigned:	09/05/2014	Date of Injury:	10/31/2009
Decision Date:	11/10/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	08/27/2014

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 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 injured worker is a 46-year-old female who reported an injury on 10/31/2009. The mechanism of injury was not submitted for clinical review. The diagnoses included cervical brachial syndrome, unspecified site of elbow and forearm, sprain of elbow or forearm, and sprain of wrist. The previous treatments included medication, neoprene brace, and acupuncture. Within the clinical note dated 07/18/2014, it was reported the injured worker complained of a flare up of pain in the right upper extremity. She rated her pain 8/10 in severity. She described her pain as cramping, burning, numbness, and worse with the use of the right upper extremity. Upon physical examination, the provider noted swelling over the right hand and wrist with tenderness to palpation. There was decreased grip of the right hand versus left. The request submitted is for baclo/flurbi/lido topical cream. However, the rationale was not submitted for clinical review. The Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclo/Flurbi/Lido Topical Cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

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

Decision rationale: The request for Baclo/Flurbi/Lido Topical Cream is not medically necessary. The California MTUS Guidelines recommend topical NSAIDs for osteoarthritis and tendinitis, in particular that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short term use of 4 weeks to 12 weeks. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency, quantity, and dosage of the medication. The request submitted failed to provide the treatment site. Therefore, the request is not medically necessary.

Naprosyn 500 mg.#30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen Page(s): 66-67.

Decision rationale: The request for Naprosyn 500 mg.#30 is not medically necessary. The California MTUS Guidelines note naproxen is a nonsteroidal anti-inflammatory drug for the relief of signs and symptoms of osteoarthritis. The guidelines recommend Naprosyn at the lowest dose for the shortest period of time in patients with moderate to severe pain. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.