

Case Number:	CM14-0158417		
Date Assigned:	10/01/2014	Date of Injury:	12/19/2011
Decision Date:	10/28/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/26/2014

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 Emergency 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:

Claimant presents an injury dated 12/19/2011 however the mechanism of injury was not provided for review. Patient has a diagnosis of R carpal tunnel syndrome, R shoulder atrophy with frozen shoulder, possible long thoracic nerve injury, cervical radiculopathy at C5 and C6 and cervical discogenic disease. Notes show that the patient had post open reduction internal fixation of right greater tuberosity and biceps tenotomy on 12/28/12. Patient complains of right shoulder pain, right arm pain and weakness, right wrist pain and weakness and cervical spine pain. Objective exam reveals cervical spine spasms, pain across C6 distribution on right side. Decreased range of motion (ROM) of cervical spine. Reports reference a decreased sensation at C5-6 on R side and Positive Hoffman on right side. Right shoulder exam was positive for impingement sign with (ROM) pain. Muscle atrophy with motor weakness to rotator cuff. R hand and wrist is positive for Tinel, Phalen and Durkin compression test. No medication list was provided for review. Medications include Motrin, Prilosec, Genoci and Somnicin. No imaging reports were provided for review. EMG/NCV (6/19/14) of upper extremities reveals severe injury to R axillary nerve, mild stretch injury to R posterior cord of the brachial plexus and mild carpal tunnel syndrome. Independent Medical Review is for Flurbiprofen 20 % (Lido cream) #180g. Prior UR on 8/28/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

1prescription of Flurbiprofen 20% (Lido cream) 180gm: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chronic

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

Decision rationale: Prescription is not clear as to whether this cream is just for Flurbiprofen or has "lido"(lidocaine) compounded in it. Ultimately, it does not change the end results of this IMR since as per California Medical Treatment Utilization Schedule (MTUS) guidelines "Any compound product that contains a drug or drug class that is not recommended is not recommended." As per California (MTUS) Chronic pain guidelines, topical non-steroidal anti-inflammatory drugs (NSAIDs) are shown to be superior to placebo. It should not be used long term. There is no evidence of efficacy for spinal pain or osteoarthritis of spine. Pt has spinal neck pain. It may be useful for patient's shoulder pain. There is no documentation to support where this topical compound is to be used. Flurbiprofen is also not FDA approved for topical application. There is no justification by the provider as to why the patient requires a non-FDA approved compounded NSAID when there are multiple other approved products including over the counter medications on the market. Flurbiprofen is not medically necessary. Whether lido (lidocaine) is included in this request is not relevant since the prescription is not medically necessary.