

Case Number:	CM14-0170017		
Date Assigned:	10/20/2014	Date of Injury:	04/10/2014
Decision Date:	11/20/2014	UR Denial Date:	09/13/2014
Priority:	Standard	Application Received:	10/15/2014

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 42-year-old female who sustained a work related injury on 04/10/2014 as result of a brick thrown through the window of the security vehicle she was driving that caused a left shoulder contusion. On her most recent PR-2 she complains of 6-7/10 left shoulder pain that is achy and sharp in character, aggravated by overhead arm use, heavy pushing / pulling and lifting, as well as repetitive arm motions. She also reports associated numbness, tingling of the left arm, as well as swelling and spasms. On exam there is tenderness to palpation along the superior and anterior shoulder with positive impingement signs. Neurologically there is subjective report of diminished light touch in the whole left arm and overall strength is measured as 4/5. Left shoulder radiograph dated 4/10/2014 identifies a mild degree of joint space narrowing and marginal spur formation of the acromioclavicular and genohumeral joints, consistent with minimal degenerative joint disease. In dispute is a decision for Decision for Flurbiprofen 20% and Lidocaine 5% Cream applied twice a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20% and Lidocaine 5% Cream Applied Twice a Day: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatments Page(s): 111-112.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control medications of differing varieties and strengths. Because the patient does not have a documented complaint of neuropathic pain, failed antidepressant treatment trial and MTUS guidelines recommend not using topical creams because of lack of peer reviewed literature, I find the request for the topical analgesic cream not medically necessary.