

Case Number:	CM14-0027645		
Date Assigned:	06/16/2014	Date of Injury:	04/04/2011
Decision Date:	07/21/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/05/2014

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 chronic pain syndrome reportedly associated with an industrial injury of April 4, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of acupuncture; unspecified amounts of extracorporeal shockwave therapy; and various topical compounded drugs. In a utilization review report dated February 20, 2014, the claims administrator denied a request for a flurbiprofen-tramadol containing cream. The applicant's attorney subsequently appealed. In an earlier handwritten note of June 11, 2013, somewhat difficult to follow, not entirely legible, it was acknowledged that the applicant was using a variety of oral pharmaceuticals, including tramadol, for pain purposes, and a variety of other medications for other purposes, including Lovaza, Zantac, and Diovan. The applicant was also apparently using a flurbiprofen containing cream. The note was difficult to follow, not entirely legible, and did not elaborate or expound upon the applicant's work and functional status. The applicant was given refills of a tramadol-containing cream and a flurbiprofen-containing cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLURIPROFEN CREAM, TRAMADOL CREAM(DURATION UNKNOWN AND FREQUENCY UNKNOWN) DISPENSE FOR TREATMENT OF THE LEFT ELBOW:
Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines Topical Analgesics topic Page(s): 111.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, there is no evidence to intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify usage of topical agents and/or topical compounds, such as the flurbiprofen containing cream in question, which are, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, as a class, "largely experimental." It is further noted that the applicant's ongoing usage of a variety of oral pharmaceuticals effectively obviates the need for the flurbiprofen and Tramadol containing creams. Therefore, the request is not medically necessary.