

Case Number:	CM14-0039124		
Date Assigned:	06/27/2014	Date of Injury:	02/08/2012
Decision Date:	08/29/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/03/2014

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 48-year-old female who reported an injury on 02/08/2012. The mechanism of injury was not stated. Current diagnoses include bilateral wrist strain, bilateral shoulder strain, bilateral elbow strain, and cervical spine strain. The injured worker was evaluated on 01/08/2014 with complaints of persistent pain over multiple areas of the body. Physical examination revealed painful cervical spine range of motion, tenderness to palpation of the bilateral acromioclavicular (AC) joint, positive Hawkins testing, painful range of motion of bilateral elbows, limited range of motion of bilateral wrists, positive Tinel's testing, and tenderness at the C5-6 region. Treatment recommendations included chiropractic therapy, electrodiagnostic studies, an orthopedic consultation, an interferential unit, transportation service, and compounded creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for medications Ketoprofen/Cyclobenzaprine/Lidocaine and Flurbiprofen/Capsaicin/Menthol/Camphor (duration/frequency unknown) for treatment of right hand (dates of service 01/10/2014): Upheld

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

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

Decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The only FDA approved topical NSAID is diclofenac. Muscle relaxants are not recommended as there is no evidence for the use of a muscle relaxant as a topical product. Therefore, the current request cannot be determined as medically appropriate. There was also no strength, frequency or quantity listed in the current request. As such, the request is not medically necessary.