

Case Number:	CM14-0043846		
Date Assigned:	07/02/2014	Date of Injury:	03/01/2012
Decision Date:	08/26/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/10/2014

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 Nevada. 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 records presented for review indicate that this 64 year-old individual was reportedly injured on 3/1/2012. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated 1/29/2014, indicates that there are ongoing complaints of left shoulder, bilateral wrist/hand, and right knee pain. The physical examination demonstrated shoulders: +2 spasm and tenderness to the left upper shoulder muscles and left rotator cuff muscles, positive speeds, positive supraspinatus test, Bilateral Wrists: 4+ spasm and tenderness to bilateral wrist flexor and extensor muscles. Positive Tinnel's bilaterally, bracelet test positive bilaterally. Knee: +3 spasm and tenderness to the right anterior joint line, quadriceps and sartorius muscles. Valgus/varus test was positive on the right, positive McMurray's. No recent diagnostic studies are available for review. Previous treatment includes medication, and conservative treatment. A request had been made for Flurb/Diclo/Tram topical compounds, and was not certified in the pre-authorization process on 3/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurb/Diclo/Tram dispensed on 2/13/2014: Upheld

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

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

Decision rationale: MTUS guidelines state that topical analgesics are largely experimental and that any compound product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines note there is little evidence to support the use of Flurb/Diclo/Tram for pain. Furthermore, there is no documentation of any conservative treatment, physical therapy or first-line medications. As such, this request for Flurb/Diclo/Tram dispensed on 2/13/2014 is not medically necessary and appropriate.