

Case Number:	CM14-0067613		
Date Assigned:	07/11/2014	Date of Injury:	07/07/2013
Decision Date:	10/03/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/12/2014

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, has a subspecialty in Pain Management and is licensed to practice in Texas. 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 53 year old female who had a work related injury on 07/07/13. She was walking down the stairs and fell. Most recent clinical documentation submitted for review was dated 08/03/13 the injured worker complained of pain in her right shoulder, upper back, and wrist. She stated that while at work, she fell and injured the above mentioned body parts. She denied any other associated claims. She stated that the pain ratio was 6/10. Physical examination revealed well-developed well-nourished female. She was alert and oriented times four. Sensation and motor function were full throughout. There was moderate tenderness to palpation over the trapezius muscle, deltoid muscle, and scapula and subacromial space in the right shoulder. There was no obvious deformity. There was limited range of motion. The drop sign was negative. Distal sensation, motor function, and circulation were intact. Right wrist, there was moderate tenderness to palpation over the dorsal, radial, and volar aspect. There was no swelling. Range of motion was decreased secondary to pain. Attempted flexion caused pain. Flexion caused extension caused pain. Radial and palmar deviation caused pain. Distal sensation, motor function, and circulation were intact. Upper back examination had tenderness to palpation of the rhomboid muscle and scapula on the right. Muscle spasm was moderate with limited range of motion of the shoulder on the right. Distal sensation, motor function, and circulation were intact. X-rays were obtained of the thoracic spine, right and right wrist and right shoulder and were normal except for degenerative changes. The injured worker was advised that the x-ray findings represented preliminary reading only. The injured worker was treated with acetaminophen, ibuprofen, muscle rub, wrist brace, and scheduled for physical therapy. Prior utilization review on 04/16/14 was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription drug, generic, Lido/Flur, caps/ment/camp/flur/tram (duration unknown and frequency unknown): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Further, CAMTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. This compound contains: Tramadol, Flurbiprofen, and lidocaine which have not been approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore this compound cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.