

Case Number:	CM14-0091838		
Date Assigned:	07/25/2014	Date of Injury:	07/11/2013
Decision Date:	09/26/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/18/2014

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 Internal 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 injured worker is a 57 year old female who sustained an injury on 07/11/13 when she fell striking her left elbow. The injured worker developed immediate pain. Prior treatment has included the use of over the counter anti-inflammatories. Radiographs were reported to show a fracture within the left elbow and the injured worker was temporarily immobilized. The injured worker ultimately underwent a repair of the fracture through surgery on 07/30/14. Postoperative physical therapy was completed. The injured worker was seen on 05/15/14 with continuing complaints of pain in the left elbow. The injured worker did report difficulty with performing normal activities of daily living due to left elbow pain. Physical examination noted limited range of motion in the left elbow. At this evaluation, the injured worker was recommended additional occupational therapy 3 x a week for 6 weeks for the left elbow. The injured worker was also prescribed a topical analgesic. There was a clinical report on 06/26/14 noting persistent complaints of pain in the left elbow despite the use of over the counter Tylenol. Physical examination noted decreased range of motion with limited supination and pronation due to pain. There was crepitus on passive range of motion. Diffused tenderness to palpation was noted. The injured worker was recommended for a consultation with an elbow specialist at this evaluation. The requested compounded topical medication to include Flurbiprofen, Cyclobenzaprine, and Menthol, 180 grams as well as occupational therapy for the left elbow for 18 sessions were denied by utilization review on 06/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Cyclobenzaprine/Menthol (20%/10%/4%) 180gm #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: In regards to the use of a compounded topical analgesic to include Flurbiprofen, Cyclobenzaprine, and Menthol 180g, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The CA MTUS Chronic Pain Treatment Guidelines and US FDA note that the efficacy of compounded medications has not been established through rigorous clinical trials. The FDA requires that all components of compounded topical medication be approved for transdermal use. This compound contains Flurbiprofen and Cyclobenzaprine which are not approved for transdermal use. The clinical documentation provided did not indicate that there were any substantial side effects with the oral version of the requested medication components. Therefore the request is not medically necessary.

Occupation therapy of the left elbow 3x6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Elbow procedure summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

Decision rationale: In review of the clinical documentation submitted, this reviewer would not have recommended additional occupational therapy for a total of 18 sessions. At this point in time, it is unclear what the injured worker's response was to prior postoperative physical therapy as no physical therapy summary reports were available for review. It is unclear what the extent of postoperative for this injured worker has been to date. The clinical documentation also did not contain any updated goals for occupational therapy. Without additional information regarding the injured worker's response to physical therapy in the past, therefore the request is not medically necessary.