

Case Number:	CM14-0194921		
Date Assigned:	12/02/2014	Date of Injury:	09/06/2012
Decision Date:	01/28/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/20/2014

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 Emergency 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 54 year-old female, who sustained an injury on September 6, 2012. The mechanism of injury occurred from a trip and fall. Treatments have included: medications, physical therapy, and acupuncture. The current diagnoses are: right shoulder impingement, lumbar strain, right hip strain. The stated purpose of the request for Fluribprofen 20%, Tramadol HCL powder 20%, Mediderm cream base (DOS 9/11/14): was not noted. The request for Fluribprofen 20%, Tramadol HCL powder 20%, Mediderm cream base (DOS 9/11/14): was denied on October 20, 2014, citing a lack of documentation of guideline support. Per the report dated September 9, 2014, the treating physician noted complaints of right shoulder pain. Exam shows positive right shoulder impingement signs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluribprofen 20%, Tramadol HCL powder 20%, Mediderm cream base (DOS 9/11/14):
Upheld

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

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

Decision rationale: The requested Fluribprofen 20%, Tramadol HCL powder 20%, Mediderm cream base (DOS 9/11/14): is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has right shoulder pain. The treating physician has documented positive right shoulder impingement signs. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis. The criteria noted above not having been met, Fluribprofen 20%, Tramadol HCL powder 20%, Mediderm cream base (DOS 9/11/14): is not medically necessary.