

Case Number:	CM14-0197850		
Date Assigned:	12/22/2014	Date of Injury:	03/01/2013
Decision Date:	01/29/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/25/2014

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 Rehab, has a subspecialty in Interventional Spine, 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 patient is a 44 year old female with an injury date on 03/01/2013. Based on the 09/03/2014 progress report provided by the treating physician, the diagnoses are: 1. Right hand, crush injury 2. Right hand numbness 3. Right elbow neoplasm of uncertain etiology. According to this report, the patient complains of "intermittent right middle, ring and pinky, finger pain which radiates to her right hand, right elbow and shoulder." Pain is rated as a 5/10 and is "an increase with gripping, grasping, lifting, carrying, performing fine manipulation such as washing, drying and styling her hair, cooking, performing household chores and increased use of the right hand. Medication and rest help to temporarily alleviate the pain." Range of motion of the right wrist, elbow and fingers is decreased. Decreased sensation is noted in the right ulnar nerve distribution. Patient's treatments to date consist of right hand surgery on 03/12/2013, post-op physical therapy, acupuncture treatments, and anti-anxiety medication. The treatment plan is to request for MRI of the right elbow, EMG/NCV studies of the bilateral upper extremities and Urine toxicology screen. The patient's work status "is not working. She last worked on March 12, 2013." The utilization review denied the request for Flurbiprofen/Cyclobenzaprine/Menthol cream and Dclofenac/Lidocaine cream on 10/30/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 05/20/2014 to 09/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Flurbiprofen/Cyclobenzaprine/Menthol cream (20%/10%/4%) 180gm:
Upheld

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

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

Decision rationale: According to the 09/03/2004 report, this patient presents with "intermittent right middle, ring and pinky, finger pain which radiates to her right hand, right elbow and shoulder." The current request is for 1 prescription of Flurbiprofen/Cyclobenzaprine/Menthol cream (20%/10%/4%) 180gm. Regarding topical compounds, MTUS states that if one of the compounded product is not recommended then the entire compound is not recommended." MTUS further states Cyclobenzaprine topical, other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. In this case, Cyclobenzaprine cream is not recommended for topical formulation. The current request is not medically necessary.

1 prescription of Dclofenac/Lidocaine cream (3%/5%) 180g: Upheld

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

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

Decision rationale: According to the 09/03/2004 report, this patient presents with "intermittent right middle, ring and pinky, finger pain which radiates to her right hand, right elbow and shoulder." The current request is for 1 prescription of Dclofenac/Lidocaine cream (3%/5%) 180g. Regarding Topical Analgesics, The MTUS Guidelines page 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended "MTUS states Lidocaine is only allowed in a patch form and not allowed in cream, lotion or gel forms. The current request is not medically necessary.