

Case Number:	CM14-0204467		
Date Assigned:	12/16/2014	Date of Injury:	06/03/2013
Decision Date:	02/12/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/08/2014

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 Medicine 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 patient is a 44 year old female who was injured on 6/22/1970. The diagnoses are right elbow, right shoulder and right wrist pain. There are associated diagnoses of insomnia and fatigue. The patient completed chiropractic, PT and shockwave therapy. The EMG/NCV showed carpal tunnel syndrome and cervical radiculopathy. On 11/5/2014, [REDACTED] noted subjective complaint of a pain score of 4-6/10 on a scale of 0 to 10. There was objective finding of positive impingement syndrome. The hand written note is only partially legible. The medications listed are Theramine, omeprazole and Naproxen. A Utilization Review determination was rendered on 11/14/2014 recommending non certification for compound cream Flurbiprofen #1//Ketoprofen #1 120gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Cream Flurbiprofen #1/Ketoprofen#1 120gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 67-73, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of exacerbation of chronic musculoskeletal pain. The chronic use of NSAIDs is associated with the risk of cardiovascular, renal and gastrointestinal complications. The risk of complications is increased markedly when multiple NSAIDs are being utilized concurrently. The guidelines recommend that the use of NSAIDs be limited to the lowest possible dosage for the shortest possible periods. The records indicate that the patient is also utilizing oral Naproxen in addition to the topical Flurbiprofen and Ketoprofen. There is rapid development of tolerance and decreased efficacy with the use of topical NSAIDs. The criteria for the use of compound cream Flurbiprofen #1/ Ketoprofen #1 120gm was not met.