

Case Number:	CM14-0205256		
Date Assigned:	01/07/2015	Date of Injury:	02/13/2013
Decision Date:	02/06/2015	UR Denial Date:	12/02/2014
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 Occupational 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:

This is a 55-year-old female with a 2/13/2013 date of injury. The exact mechanism of the original injury was not clearly described. A progress report dated 10/2/14 noted subjective improvement of left shoulder range of motion. Objective findings included left shoulder atrophy and decreased range of motion with pain. An x-ray of the left elbow on 11/10/14 showed no acute osseous process and distal left humeral joint effusion. The progress notes note that the medication list includes Flurbiprofen 25% to left shoulder. Diagnostic Impression: rotator cuff tear. Treatment to Date: medication management, physical therapy, home exercise, shoulder surgery. A UR decision dated 12/2/14 denied the request for one positional MRI of the left elbow. Reviews of the submitted records failed to reveal reports of chronic elbow pain. It also denied Flurbiprofen 25% cream. The evidence based guidelines report that currently the only FDA approved topical NSAID was diclofenac.

IMR ISSUES, DECISIONS AND RATIONALES

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

Positional MRI to the left elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Indications for Imaging - Magnetic resonance Imaging (MRI)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter

Decision rationale: CA MTUS does not address this issue. ODG criteria for MRI studies of the elbow include chronic elbow pain, nondiagnostic plain films, and suspected elbow pathology likely to be visible on MR imaging. However, in the documents available for review, there is no documentation of chronic elbow pain. There is also no documentation of any elbow physical exam abnormalities. It is unclear what pathology is suspected to warrant an MRI examination. In addition, there is no rationale for a positional MRI. Therefore, the request for positional MRI of the left elbow is not medically necessary.

Flurbiprofen 25% cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25, 28, 111-113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Flurbiprofen)

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, is not recommended for topical applications. Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. However, although MTUS does not specifically address Flurbiprofen, it does not recommend the use of topical Ketoprofen, which is in the same class of topical NSAIDs. Additionally, there is no clear documentation of objective functional benefit derived from Flurbiprofen use to justify its use despite lack of guideline support. Therefore, the request for Flurbiprofen 25% cream is not medically necessary.