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| Case Number: | CM15-0136960 | | |
| Date Assigned: | 07/24/2015 | Date of Injury: | 07/13/2010 |
| Decision Date: | 08/21/2015 | UR Denial Date: | 06/30/2015 |
| Priority: | Standard | Application Received: | 07/15/2015 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 41 year old female, who sustained an industrial injury on 7/13/2010. Diagnoses have included elbow pain, cubital tunnel syndrome and medial epicondylitis. Treatment to date has included medication. According to the progress report dated 5/6/2015, the injured worker complained of increasing pain at the medial aspect of her right elbow. She reported that her right arm and hand felt weaker. She was using Lidoderm patches and taking Norco. Physical exam revealed slight, subjective paresthesias with light touch over the ulnar aspect of the right small finger. Tinel's sign was positive over the medial aspect of the right elbow. There was tenderness of the right, medial epicondyle area. Authorization was requested for retrospective Diclofenac/Flurbiprofen/Lidocaine/Sodium Hyaluronate (DOS 05/08/2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Diclofenac/Flubiprofen/Lidocaine/Sodium Hyaluronate (DOS 05/08/2015):
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines x 8 C.C.R. MTUS (Effective July 18, 2009) Page(s): 111-113 of 127.

Decision rationale: Regarding the request for Retrospective Diclofenac/Flubiprofen/Lidocaine/Sodium Hyaluronate (DOS 05/08/2015), CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical NSAIDs are indicated for Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. Topical lidocaine is Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Additionally, it is supported only as a dermal patch. Guidelines do not support the use of topical hyaluronic acid. As such, the currently requested Retrospective Diclofenac/Flubiprofen/Lidocaine/Sodium Hyaluronate (DOS 05/08/2015) is not medically necessary.