

Case Number:	CM15-0148718		
Date Assigned:	08/12/2015	Date of Injury:	10/17/2014
Decision Date:	09/09/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/31/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 51-year-old male sustained an industrial injury to the right shoulder, elbow and wrist on 10-17-14. X-ray of the shoulder showed degenerative marginal osteophytes of the acromial joint. X-rays of the wrist and elbow were unremarkable. Previous treatment included a left elbow steroid injection (2-12-15) and medications. In the most recent PR-2 submitted for review, dated 3-10-15, the injured worker complained of pain to the right shoulder, elbow and wrist. The injured worker reported significant improvement to his right lateral epicondyle after a recent steroid injection. The injured worker continued to note radiating pain with numbness and tingling to his right fourth and fifth fingers. Physical exam was remarkable for right shoulder with tenderness to palpation, decreased range of motion and positive Neer's test, right elbow with tenderness to palpation and range of motion within functional level, right wrist with tenderness to palpation and limited range of motion and decreased sensation to light touch on the right fourth and fifth finger. Current diagnoses included right wrist pain secondary to inflammation in triangular fibrocartilage complex and De Quervain's tenosynovitis associated with sprain and strain of the wrist, right elbow pain secondary to lateral epicondylitis and cubital tunnel syndrome, right shoulder pain and right wrist pain rule out sprain and strain. The treatment plan included right arm electromyography and nerve conduction velocity test, physical therapy for the right upper extremity twice a week for six weeks, steroid injection to the triangular fibrocartilage complex area of the right wrist, continuing analgesic cream and continuing Ibuprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for several months including prior Naproxen use. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. Continued use of Ibuprofen is not medically necessary.

Tramadol 8%-Gabapentin 10%-Menthol 2%-Camphor 2%-Capsaicin 0.05% 120gm jar: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical anti epileptics such as Gabapentin are not recommended due to lack of evidence. According to the MTUS guidelines, Capsaicin are recommended in doses less than .025%. An increase over this amount has not been shown to be beneficial. In addition, the claimant was on oral analgesics without mention of reduction of use. Since the compound above contains these topical medications, the compound in question is not medically necessary.