

Case Number:	CM15-0185384		
Date Assigned:	09/25/2015	Date of Injury:	05/21/2012
Decision Date:	11/03/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/21/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 48 year old female who sustained an industrial injury on 5-21-12 from performing her usual duties as a front desk specialist and injured her neck, right shoulder, right wrist and hand, left wrist and hand. The medical records indicated that the injured worker was being treated for cervical-thoracic strain-sprain; bilateral rotator cuff tendinosis; status post right carpal tunnel release. She currently (7-27-15) complains of right shoulder pain. On physical exam there was tenderness of right subacromial space, positive impingement. The progress notes from 1-5-15 through 7-27-15 addressing the right shoulder complaints and were consistent unchanged. The orthopedic note dated 6-26-15 noted complaints of burning neck pain radiating to the right shoulder with a pain level of 6 out of 10; achy right shoulder pain radiating down the right arm to the right elbow that was aggravated by movement with a pain level of 7 out of 10; bilateral wrist-hand pain with numbness and tingling bilaterally with a pain level of 5 out of 10 in the right and 6 out of 10 in the left. The injured worker manages activities of daily living independently but with difficulty. On physical exam of the cervical spine there was decreased range of motion; decreased range of motion of the right shoulder with subacromial tenderness, positive impingement sign; right elbow showed lateral epicondylar tenderness. Diagnostics include MRI of the right elbow (8-7-15) mild grade 1 sprain and grade 1 strain; MRI bilateral shoulders (5-29-13) showed tendinosis; electromyography-nerve conduction study of the right upper extremity (7-11-12) showing mild carpal tunnel syndrome left was normal and on 8-30-13 showing status post carpal tunnel release. Treatments to date include medications: Ultram, Norco (twice after surgery); heat; ice; physical therapy. The request for authorization dated 7-27-15 was for Flurbiprofen 20% and Lidocaine 5% apply thin layer to affected area 2-3 times per

day. On 8-24-15 Utilization Review non-certified the request for Flurbiprofen 20% and Lidocaine 5% apply to affected area -23 times daily (7-27-15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20% and Lidocaine 5%, prescribed 07/27/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: This 48 year old female has complained of neck pain, right shoulder pain and wrist pain since date of injury 5/21/2012. She has been treated with surgery, physical therapy and medications. The current request is for Flurbiprofen 20% and Lidocaine 5%, prescribed 07/27/15. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Flurbiprofen 20% and Lidocaine 5%, prescribed 07/27/15 is not indicated as medically necessary.