

Case Number:	CM15-0208519		
Date Assigned:	10/27/2015	Date of Injury:	09/04/2014
Decision Date:	12/09/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/22/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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(n) 53 year old female, who sustained an industrial injury on 9-4-14. The injured worker was diagnosed as having cervical strain and right wrist sprain. Subjective findings (7-15-15, 8-5-15) indicated left shoulder and right wrist pain. The injured worker rated her pain 4-5 out of 10 in the left shoulder and 6 out of 10 in the right wrist. She is not currently working. Objective findings (7-15-15, 8-5-15) revealed tenderness to palpation over the radial aspect of the right wrist and cervical spine, a positive Hawkin's sign in the left shoulder and limited left shoulder range of motion due to pain. As of the PR2 dated 8-24-15, the injured worker reports cervical spine pain that radiates to the left shoulder and right wrist and hand pain. She rates her pain 4-7 out of 10. Objective findings include tenderness to palpation over the radial aspect of the right wrist and cervical spine, a positive Hawkin's sign in the left shoulder and limited left shoulder range of motion due to pain. Treatment to date has included a cervical MRI on 7-13-15, Motrin and Tylenol. The Utilization Review dated 9-23-15, non-certified the request for Flurbiprofen-Baclofen-Lidocaine-Menthol (20%-5%-4%-4%), cream 180gms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/ Baclofen/ Lidocaine/ Menthol (20%/5%/4%/4%), cream 180gms: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics.

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

Decision rationale: Per the Chronic Pain Medical Treatment Guidelines MTUS Page 111 of 127, the MTUS notes topical analgesic compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Experimental treatments should not be used for claimant medical care. MTUS notes they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, but in this case, it is not clear what primary medicines had been tried and failed. The request is not medically necessary.