

Case Number:	CM15-0028778		
Date Assigned:	02/20/2015	Date of Injury:	02/15/2013
Decision Date:	04/03/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/17/2015

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, Illinois

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 40 year old female, who sustained a work related injury on 2/15/13. She was trying to restrain a patient and that patient grabbed her right wrist, twisted and hyper-extended it backwards. The diagnoses have included right wrist sprain/strain, right shoulder sprain/strain and right elbow surgery. Treatments to date have included physical therapy, rest, oral medications, ice and stretching. In the PR-2 dated 1/14/15, the injured worker complains of right shoulder, right elbow, and right wrist pain. She rates her pain a 7/10. She states that physical therapy is helping with the pain. She states that a change in the weather and certain activities make the pain worse. She has some tenderness to palpation of her right elbow and right shoulder. The range of motion in both areas is slightly decreased. On 1/22/15, Utilization Review non-certified a request for Flurbiprofen/Lidocaine cream 920%/5% 180 mg. x 1. The California MTUS, Chronic Pain Treatment Guidelines, were cited. On 1/22/15, Utilization Review certified a request for an internal medicine consultation for gastrointestinal issues. The ACOEM Occupational Medicine Practice Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Lidocaine Cream 920%/5% 180mg Qty. 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The injured worker sustained a work related injury on 2/15/13. The medical records provided indicate the diagnosis of right wrist sprain/strain, right shoulder sprain/strain and right elbow surgery. Treatments to date have included physical therapy, rest, oral medications, ice and stretching. The medical records provided for review do not indicate a medical necessity for Flurbiprofen/Lidocaine Cream 920%/5% 180mg Qty. 1. The MTUS recommends that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS does not recommend Flurbiprofen and 5% Lidocaine (though it recommends the Lidoderm formulation for treatment of neuropathic pain that has failed treatment with antiepileptic and antidepressants). Therefore, the requested treatment is not medically necessary and appropriate.