

Case Number:	CM15-0034548		
Date Assigned:	03/02/2015	Date of Injury:	10/03/2014
Decision Date:	04/13/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/23/2015

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

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 42 year old male who sustained an industrial related injury on 10/3/14 due to a trip and fall accident. The injured worker had complaints of bilateral shoulder pain radiating down the arms to the fingers associated with residual spasms. Burning bilateral elbow pain and burning bilateral wrist pain were also noted. Diagnoses included bilateral shoulder sprain/strain, shoulder acromioclavicular arthrosis, shoulder bursitis, bilateral elbow sprain/strain, lateral epicondylitis, bilateral wrist sprain/strain, rule out bilateral carpal tunnel syndrome, and triangular fibrocartilage tear. Medications included Dicoprofanol, Fanatrex, Synapryn, Tabradol, Cyclobenzaprine, and Ketoprofen cream. The treating physician requested authorization for Dexamethasone/Baclofen/Flurbiprofen cream 210g. On 1/26/15 the request was non-certified. The utilization review physician cited the Medical Treatment Utilization Schedule guidelines and noted the guidelines state there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Also Baclofen is not recommended for topical use. Therefore, the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Compound Medication: Dexamethasone, Baclofen, Flurbiprofen and base 210 grams (DOS: 12-10-2014): Upheld

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

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

Decision rationale: The patient presents with burning bilateral shoulder, elbow, and wrist pain. The current request is for Retrospective: Compound Medication: Dexamethasone, Baclofen, Flurbiprofen and base 210 grams (DOS: 1). The treating physician states, "The patient complains of burning bilateral shoulder pain radiating down the arms to the fingers associated with spasms. He rates the pain as 5/10. His pain is constant, moderate to severe. The pain is aggravated by gripping, grasping, reaching, pulling, lifting, and doing work at or above the shoulder level. The wrist and elbow pain are rated 5/10 and are both aggravated by the same triggers." (B.98) There is no further discussion on the current request provided in the progress report dated 1/12/15. The MTUS guidelines do not support the use of Flurbiprofen cream for the treatment of spine, hip, shoulder or neuropathic pain. The guidelines also state any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, it is unclear where the current request is intended to treat. The current request also includes Baclofen which is not recommended for use by the MTUS Guidelines. The current request is not medically necessary and the recommendation is for denial.