

Case Number:	CM15-0050143		
Date Assigned:	03/23/2015	Date of Injury:	05/15/2013
Decision Date:	05/01/2015	UR Denial Date:	02/21/2015
Priority:	Standard	Application Received:	03/17/2015

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: 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 52 year old female, who sustained an industrial injury on 05/15/2013. She has reported subsequent right elbow, wrist, hand, shoulder, neck and back pain and was diagnosed with right elbow lateral epicondylitis, subchondral cyst of the right wrist and hand, right shoulder tendonitis, and status post cervical and lumbar disc syndrome. Treatment to date has included oral and topical pain medication, cortisone injection and surgery. In a progress note dated 12/19/2014, the injured worker complained of right shoulder pain radiating to the right upper extremity. Objective findings were notable for tenderness of the right shoulder with decreased range of motion, palpation, swelling, tenderness and decreased range of motion of the right elbow. A request for authorization of topical creams was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurb/Lido/Amitrip, provided on December 23, 2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Practice Guidelines.

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

Decision rationale: This 52 year old female has complained of right elbow pain, wrist pain, shoulder pain, cervical spine pain and lower back pain since date of injury 5/15/13. She has been treated with surgery, physical therapy, steroid injection and medications. The current request is for Flurb/Lido/Amitrip provided on December 23, 2014. 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, Flurb/Lido/Amitrip is not indicated as medically necessary.

Gaba/Cyclo/Tram, provided on December 23, 2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Practice Guidelines.

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

Decision rationale: This 52 year old female has complained of right elbow pain, wrist pain, shoulder pain, cervical spine pain and lower back pain since date of injury 5/15/13. She has been treated with surgery, physical therapy, steroid injection and medications. The current request is for Gaba/Cyclo/Tram provided on December 23, 2014. 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, Gaba/Cyclo/Tram is not indicated as medically necessary.