

Case Number:	CM15-0052564		
Date Assigned:	03/26/2015	Date of Injury:	02/29/2004
Decision Date:	05/04/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/19/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 41 year old female, who sustained an industrial injury on February 29, 2004. She reported tripping on a wax machine, falling, with injury to her left arm and shoulder. The injured worker was diagnosed as having status post left elbow arthroscopy tennis elbow release with persistent medial/lateral epicondylitis, left shoulder contusion, early frozen shoulder with tendinosis, left wrist contusion and sprain with severe stiffness, numbness, weakness, left carpal tunnel syndrome, and adjustment disorder with anxiety, depression, and hypertension. Treatment to date has included left elbow surgery 2006, left shoulder MRI, acupuncture, and medication. Currently, the injured worker complains of left shoulder pain, left elbow pain, and left wrist pain. The Primary Treating Physician's report dated February 9, 2015, noted the injured worker scheduled for a cortisone injection to the left shoulder on February 10, 2015. A left shoulder MRI was noted to show tendinosis. Tenderness was noted in the left elbow medial and lateral epicondyle and olecranon, left radial and ulnar wrist, and shoulder AC joint, bicep tendon groove, and superior deltoid. The treatment plan was noted to include an internal medicine consult, an orthopedic consult, and Ibuprofen and Flurbiprofen cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 600 MG #60 with 1 Refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NONSELECTIVE NSAIDS Page(s): 107.

Decision rationale: According to MTUS guidelines, Chronic Pain Medical Treatment Guidelines chapter, NONSELECTIVE NSAIDS section, Ibuprofen is indicated for pain management of breakthrough of neck or back pain. The medication should be used at the lowest dose and for a short period of time. There is no documentation that the patient developed exacerbation of her pain. There is no documentation about the duration of the prescription of Ibuprofen and the rationale behind that. There is no documentation that the lowest dose and shortest period is used for this patient. Although the patient developed a chronic pain that may require Ibuprofen, there is no documentation that the provider recommended the lowest dose of Ibuprofen for the shortest period of time. Therefore, the prescription of Ibuprofen 600 mg #60, with 1 refill is not medically necessary.

Flurbiprofen Cream with 1 Refill: Upheld

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

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no controlled studies supporting that the proposed topical treatment is effective for pain management (in topical forms). There is no documentation of failure of first line therapy for pain. Therefore, the request for Flurbiprofen cream, with 1 refill is not medically necessary.