

Case Number:	CM15-0053399		
Date Assigned:	03/26/2015	Date of Injury:	01/04/2013
Decision Date:	05/04/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/20/2015

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 44-year-old female, with a reported date of injury of 01/04/2013. The diagnoses include lumbar spine strain, rule out disc herniation; right wrist strain; right shoulder partial thickness tear of supraspinatus tendon; right shoulder sublabral recess versus a superior and anterior labral tear. Treatments to date have included an x-ray of the right hand, an x-ray of the right wrist, a sling, and oral medication. The progress report dated 09/18/2014 indicates that the injured worker complained of persistent pain in the low back, right shoulder, and bilateral wrists. She rated the low back pain 6 out of 10, the right shoulder pain was rated 5 out of 10, and the bilateral wrist pain was rated 8 out of 10. The objective findings include no signs of infection or redness of the right shoulder. The sutures in the right shoulder were removed. The medical report from which the request originates was not included in the medical records provided for review. The treating physician requested Flurbiprofen/Lidocaine cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/lidocaine cream (20%/5%) #180 grams: 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.

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. That 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. There is no clear evidence that the patient failed or was intolerant to first line of oral pain medications. There is no documentation that all component of the prescribed topical analgesic is effective for the treatment of chronic pain. Flurbiprofen is not recommended by MTUS guidelines. Therefore, Topical Cream; Flurbiprofen/Lidocaine, 180gm is not medically necessary.