

Case Number:	CM15-0053977		
Date Assigned:	03/27/2015	Date of Injury:	11/05/2011
Decision Date:	05/01/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/22/2015

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

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 57-year-old female, who sustained an industrial injury on November 5, 2012. She reported pain in her hands, forearm, neck and right shoulder pain. The injured worker was diagnosed as having cervical sprain with disc bulging, cervical radiculopathy, right shoulder mild impingement syndrome, bilateral hand repetitive trauma type of injury and medial and lateral epicondylitis more on the right. Treatment to date has included diagnostic studies, steroid injection, therapy with deep massage and medications. On December 16, 2014, the injured worker complained of right shoulder pain, neck pain and headaches. She also reported tingling and numbness to the right upper extremity. The treatment plan included a selective cervical epidural steroid injection at C5 and C6 on the right side, re-evaluation appointment, medications and possible cervical facet block on the right side.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine/Hyaluronic patch 6% 0.2 percent cream #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain, compound drugs.

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

Decision rationale: MTUS Guidelines are very specific in recommending that only FDA/Guideline approved topical products are recommended for use. In addition, any compound containing a non-recommended topical agent is not recommended by Guidelines. Guidelines specifically do not recommend a 6% topical lidocaine and the use of topical hyaluronic acid is not mentioned or supported by Guidelines. Under these circumstances, the compounded Lidocaine/Hyaluronic acid 6/.2% cream #120 gms is not Guideline supported and is not medically necessary.

Flubiprofen/Capsaic patch 10% 0.025 percent cream #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain, compound drugs.

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

Decision rationale: MTUS Guidelines are very specific in recommending that only FDA/Guideline approved topical products are recommended for use. In addition, any compound containing a non-recommended topical agent is not recommended by Guidelines. Flurbiprofen is not Guideline supported for topical use even though other topical NSAIDs are and there is no stated medical rationale why an approved medication would not be utilized. The compounded topical Flurbiprofen/Capsaicin patch 10/.025% cream 120mg is not supported by Guidelines and there are no unusual circumstances to justify an exception to Guidelines, it is not medically necessary.