MAXIMUS Federal Services

Case Number:	CM15-0080801		
Date Assigned:	05/01/2015	Date of Injury:	12/03/2008
Decision Date:	06/02/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	04/27/2015

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 York, Pennsylvania, Washington
Certification(s)/Specialty: Internal Medicine, Geriatric 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 49 year old male who sustained an industrial injury on 12/03/2008. Current diagnoses include rule out cervical radiculopathy, cervical IVD syndrome, Lumbar IVD syndrome, rule out lumbar radiculopathy, right carpal tunnel syndrome, right wrist ganglion cyst, right ankle tendonitis, stress & anxiety, Insomnia, and internal derangement right shoulder. Previous treatments included medication management, extracorporeal shockwave therapy, physical therapy, and epidural injections. Previous diagnostic studies include x-rays, MRI's, and EMG/NCV. Initial complaints included injuries to the back, right ankle, and right wrist. Report dated 04/19/2012 noted that the injured worker presented with complaints that included lumbar spine pain, right wrist pain, and cervical spine pain. Pain level was 7 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. The treatment plan included an MRI, MD consult for extracorporeal shockwave therapy, consult with neurosurgeon, and requests for chiropractic and acupuncture. Disputed treatments include tramadol/diclofenac/flurbiprofen, provided on May 19, 2012 and Ketoprofen/dexamethasone/ lidocaine, provided on May 19, 2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol/diclofenac/flurbiprofen, provided on May 19, 2012: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 111-112.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2012. Per the guidelines, topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder and there is no evidence to support its use in neuropathic pain. There is no documentation of efficacy with regards to pain and functional status or a discussion of side effects specifically related to the topical analgesic. Regarding Tramadol/diclofenac/flurbiprofen in this injured worker, the records do not provide clinical evidence to support medical necessity.

Ketoprofen/dexamethasone/lidocaine, provided on May 19, 2012: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines 9792.20 -9792.26 Page(s): 111-112.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2012. Per the guidelines, topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder and there is no evidence to support its use in neuropathic pain. There is no documentation of efficacy with regards to pain and functional status or a discussion of side effects specifically related to the topical analgesic. Regarding ketoprofen/dexamethasone/lidocaine in this injured worker, the records do not provide clinical evidence to support medical necessity.