

Case Number:	CM14-0164874		
Date Assigned:	10/09/2014	Date of Injury:	10/21/2010
Decision Date:	11/14/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/06/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 underlying date of injury in this case is 10/21/2010. The treating diagnoses include cubital tunnel syndrome, lumbago, cervicgia, and medial epicondylitis. The patient was noted to have a well-healing cervical incision with some evidence of erythema and cellulitis around the surgical site. The patient's neurovascular status was intact. Medication refills were requested and physical therapy to the elbow was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Capsaicin patch #120: 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: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on topical analgesics states that compounded medications should only be used if the records clarify their rationale and proposed mechanism of action for each component medication. The medical records do not outline such details in this case. Additionally, with regard to the component medication capsaicin, the same guideline

recommends use of this medication only when all other options have been exhausted, and this is not documented in this case. Overall, this request is not supported by the guidelines. This request is not medically necessary.

Lidocaine/Hyaluronic patch #120: 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: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines recommends the use of compounded topical analgesics only if the medical records document the rationale and proposed mechanism of action of each component ingredient. Such a rationale is not apparent at this time nor is it clear in the medical records why two separate topical compounded products would be indicated. The guidelines do not support this request. This request is not medically necessary.