

Case Number:	CM14-0166360		
Date Assigned:	10/13/2014	Date of Injury:	09/21/2012
Decision Date:	11/13/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/09/2014

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 patient is a 51 year old female with date of injury 9/21/2012. The mechanism of injury is stated as an overuse injury. The patient has complained of bilateral shoulder pain and elbow pain since the date of injury. She has been treated with left shoulder surgery in 06/2013, an arthroscopic distal clavicle excision and release of the coraco-acromion ligament. She has also been treated with physical therapy and medications. Objective: decreased and painful range of motion of the right shoulder left lateral epicondyle tenderness to palpation, positive Finkelstein's test bilaterally, positive Phalen's sign bilaterally. Treatment plan and request: Flurbiprofen 25%; Lidocaine 5% topical cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 25%; Lidocaine 5% topical cream: Upheld

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

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

Decision rationale: This 51 year old female has complained of bilateral shoulder pain and elbow pain since date of injury 9/21/2012. She has been treated with surgery on the left shoulder in

06/2013, an arthroscopic distal clavicle excision and release of the coraco-acromion ligament, and also physical therapy and medications. The current request is for Flurbiprofen 25%; Lidocaine 5% topical cream. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Flurbiprofen 25%; Lidocaine 5% topical cream is not indicated as medically necessary.