

Case Number:	CM14-0182636		
Date Assigned:	11/07/2014	Date of Injury:	03/12/2013
Decision Date:	12/16/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	11/03/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic elbow pain and paresthesias reportedly associated with an industrial injury of March 12, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; topical compounds; and extensive periods of time off of work. In a Utilization Review Report dated October 3, 2014, the claims administrator approved an elbow MRI, conditionally denied electrodiagnostic testing of the upper extremities, conditionally denied urine toxicology testing, denied two separate topical compounds, and conditionally denied a request for Ultram. The applicant's attorney subsequently appealed. In a September 3, 2014 progress note, the applicant was given Diclofenac-Lidocaine topical compound, Flurbiprofen-Cyclobenzaprine- Menthol topical compound, and oral Tramadol for ongoing complaints of right elbow and right hand pain. The applicant was not working, it was acknowledged, last worked on March 12, 2013, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac/Lidocaine cream (3%/5%) 180 g: Upheld

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

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

Decision rationale: As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics, as a class, are deemed "largely experimental." In this case, the applicant's ongoing usage of Tramadol, a first-line oral pharmaceutical medication, effectively obviated the need for the largely experimental diclofenac-lidocaine containing cream. Therefore, the request is not medically necessary.

Flurbiprofen/Cyclobenzaprine/Menthol cream (20%/10%/4%) 180 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, compounded.

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

Decision rationale: As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as Cyclobenzaprine are not recommended for topical compound formulation purposes. Since one or more ingredients in the compound are not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.