

Case Number:	CM15-0014279		
Date Assigned:	02/02/2015	Date of Injury:	09/22/2014
Decision Date:	03/27/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/26/2015

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: Physical Medicine & Rehabilitation

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 51-year-old female who reported a repetitive strain injury on 09/22/2014. The current diagnoses include right hand strain, left hand strain, right wrist strain, left wrist strain, left shoulder strain, right elbow strain, and left elbow strain. The injured worker presented on 12/10/2014, with complaints of bilateral wrist and hand pain, as well as left shoulder and bilaterally elbow pain. The injured worker was awaiting diagnostic testing, as well as an ultrasound guided injection to the left shoulder and elbow. Upon examination, there was tenderness over the lateral epicondyle of the bilateral elbows. Examination of the bilateral wrists and hands revealed flexion to 45 degrees, extension to 45 degrees, radial and ulnar deviation to 15 degrees, positive Tinel's and Phalen's signs, and tenderness over the distal radial ulnar joint, as well as the TFCC bilaterally. There was abnormal 2 point discrimination over the median nerve distribution greater than 8 mm. Recommendation included authorization for an MRI of the left shoulder, elbow, and wrist. Authorization for electrodiagnostic studies was also recommended. The injured worker was issued a prescription for Anaprox, Prilosec, Ultracet, and a compounded cream. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound top cream Flurbiprofen 20%, Baclofen 10% and Dexamethasone 2%.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 204, 208, 265, 268, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation ACOEM (updated 2007), Chapter 10, page 602, 594

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

Decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least 1 drug that is not recommended, is not recommended as a whole. The only FDA-approved topical NSAID is diclofenac. Therefore, the current request for a compounded cream containing flurbiprofen is not appropriate. Muscle relaxants are also not recommended. The request for a compounded cream containing baclofen would not be supported. There is also no frequency or quantity listed in the request. Given the above, the request is not medically appropriate at this time.