

Case Number:	CM15-0115779		
Date Assigned:	06/24/2015	Date of Injury:	05/21/2014
Decision Date:	07/28/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/16/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 48 year old female, who sustained an industrial injury on 05/21/2014. She has reported subsequent right elbow, arm and neck pain and was diagnosed with right elbow sprain/strain and possible lateral epicondylitis of the right elbow. Treatment to date has included oral, topical and injectable medication, physical therapy and bracing. MRI of the right elbow dated 02/24/2015 showed moderate grade partial tearing of the common extensor tendon at the lateral epicondyle origin on a background of tendinosis and minimal osteoarthritis of the ulnotrochlear joint. In a doctor's first report of illness or injury report dated 05/11/2015, the injured worker complained of right arm and right elbow pain after pressing hard on a scanner gun at work. Objective findings were notable for tenderness, limited range of motion and stiffness of the right elbow. The physician noted prescriptions were written for analgesic and anti-inflammatory medications but there was no indication as to which medications were prescribed. A request for authorization of Flurbiprofen cream 120 mg apply every morning and Ketoprofen cream 120 mg apply every evening was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen cream 120 mg apply every morning: 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): 111-112.

Decision rationale: As per Medical Treatment Utilization Schedule (MTUS) guidelines, topical analgesics are "largely experimental in use with few randomized controlled trials to determine efficacy or safety and ...there is little to no research to support the use of many of these agents. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The documentation submitted does not indicate that the injured worker had failed a trial of antidepressant or anti-convulsant medications and there is no documentation as to the reason for the need for Flurbiprofen cream. The most recent progress notes do not rate pain levels or discuss the injured worker's specific response to other oral and topical pain medications that were prescribed. The injured worker was noted to have been prescribed Voltaren gel and there was no indication that this medication provided significant pain reduction or resulted in functional improvement. The documentation doesn't support that the use of other topical medications would have been any more effective at relieving the injured worker's pain and no extenuating circumstances were documented to support the use of topical medications. Therefore, the request for Flurbiprofen cream 120 mg apply every morning is not medically necessary.

Ketoprofen cream 120mg apply every evening: 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): 111-112.

Decision rationale: As per Medical Treatment Utilization Schedule (MTUS) guidelines, topical analgesics are "largely experimental in use with few randomized controlled trials to determine efficacy or safety and ...there is little to no research to support the use of many of these agents. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The documentation submitted does not indicate that the injured worker had failed a trial of antidepressant or anti-convulsant medications and there is no documentation as to the reason for the need for Ketoprofen cream. In addition, as per MTUS, "Ketoprofen is not currently FDA approved for topical application and has an extremely high incidence of photocontact dermatitis." There were no extenuating circumstances documented to support usage of this medication. Therefore, the request for Ketoprofen cream 120 mg apply every evening is not medically necessary.