

Case Number:	CM15-0116312		
Date Assigned:	06/30/2015	Date of Injury:	05/08/2014
Decision Date:	08/28/2015	UR Denial Date:	05/18/2015
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: New York
Certification(s)/Specialty: Emergency 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 38 year old female who sustained a work related injury on 5/8/14. The diagnoses have included left shoulder rotator cuff tendinosis with mild impingement, left wrist extensor tenosynovitis and left long finger trigger digit. Treatments have included physical therapy, trigger finger injections, rest, ice therapy, home exercises and medications. In the Workers' Compensation Supplemental Orthopedic Report dated 4/15/15, the injured worker complains of left long finger painful triggering with dorsal left wrist discomfort with repetitive use. She has noted significant increase in left shoulder mobility. She has tenderness to touch of left shoulder anterior and posterior capsule. She has positive impingement. She has tenderness to touch of left wrist dorsal capsule. She has positive triggering about the left long finger at A1 pulley. The treatment plan includes a trial of medicated pain cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20 Percent, Cyclobenzaprine 4 Percent, Lidocaine 5 Percent (FCL) Pain/Inflammation, 120 Gram with 3 Refills (Prescribed 4-15-15): Upheld

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

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

Decision rationale: Per CA MTUS guidelines, although recommended as an option, topical analgesics are used primarily for neuropathic pain when trials of anti-depressants and anti-convulsants have failed. Furthermore, they are largely experimental. "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, there is no documentation that this patient has neuropathic pain. "There is no evidence for use of any other muscle relaxant (Cyclobenzaprine) as a topical product." Additionally, the guidelines do not recommended use of topical lidocaine except in the form of lidocaine patches as there have been reports of toxicity. Thus, the requested treatment of Flurbiprofen, Cyclobenzaprine and Lidocaine compounded cream is not medically necessary.