

Case Number:	CM15-0119678		
Date Assigned:	06/30/2015	Date of Injury:	12/20/2012
Decision Date:	07/30/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/22/2015

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 54 year old female who sustained a work related injury December 20, 2012, after falling from a chair with injury to her neck, right shoulder, back and right knee. Past history included diabetes, high cholesterol, and an auto accident with injury to the neck and lower back, 2010. According to the most recent primary treating physician's permanent and stationary report, dated June 12, 2014, the injured worker presented with complaints of right shoulder pain, rated 5-10/10, which is described as; constant, sharp, and burning, associated with weakness and limited motion. The pain radiates to the forearm and wrist/hand. The pain is relieved by heat/cold application and Aleve and made worse by activities. She reports pain in the right knee 5-9/10, and right ankle/foot pain, rated 5-9/10, associated with numbness and tingling. Diagnoses are right shoulder rotator cuff syndrome; right shoulder partial tearing of the supraspinatus tendon and mild to moderate partial tearing of the subscapularis tendon, tendinosis and moderate subacromial subdeltoid bursitis per MRI 10/10/2013; right knee mild tricompartmental chondromalacia and small medial popliteal cyst of the right knee per MRI 3/2/2013; right ankle sprain. At issue is the retrospective request for Flurbiprofen/Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Flurbiprofen/Tramadol, quantity unspecified, DOS 06/30/14: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Topical Analgesics; Non Steroidal Anti Inflammatory Drugs.

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

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded NSAID and opiate over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of NSAID without improved functional outcomes attributable to their use. Additionally, Guidelines do not recommend long-term use of this opioid medication for this chronic injury of 2012 without improved functional outcomes attributable to their use. The Retrospective Flurbiprofen/Tramadol, quantity unspecified, DOS 06/30/14 is not medically necessary and appropriate.