

Case Number:	CM15-0124544		
Date Assigned:	07/09/2015	Date of Injury:	08/16/2012
Decision Date:	08/07/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/29/2015

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 Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 64 female, who sustained an industrial injury on August 16, 2012. She reported a specific injury and a cumulative trauma injury of the head and left arm/elbow. The injured worker was diagnosed as having left elbow sprain/strain and status post left elbow surgery. Diagnostic studies were not included in the provided medical records. Surgeries include a left elbow fracture repair. Treatment to date has included opioid analgesic, topical analgesic, muscle relaxant, anti-epilepsy, proton pump inhibitor, and non-steroidal anti-inflammatory medications. There were no noted previous injuries or dates of injury, and no noted comorbidities. On May 19, 2015, the injured worker complains of continued left elbow pain. Her pain is constant, moderate, and achy. The physical exam revealed mildly decreased left elbow motor strength, normal and equal deep tendon reflexes bilaterally, decreased flexion and extension of the left elbow, and tenderness to palpation of the anterior, lateral, medial, and posterior elbow. There were negative Tinel's, Valgus, and Varus tests. The treatment plan includes Flurbiprofen 20%/Baclofen 5%/Camphor 2%/Menthol 2%/Dexamethasone Micro 0.2%/Capsaicin 0.025%/Hyaluronic Acid 0.2%/Cream Base #240 grams for general joint and musculoskeletal pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%/Baclofen 5%/Camphor 2%/Menthol 2%/Dexamethasone Micro 0.2%/Capsaicin 0.025%/Hyaluronic Acid 0.2% cream base 240g: 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.

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no proven efficacy of topical application of menthol and flurbiprofen. Furthermore, oral form of these medications was not attempted, and there is no documentation of failure or adverse reaction from their use. Based on the above, the use of Flurbiprofen 20%/Baclofen 5%/Camphor 2%/Menthol 2%/Dexamethasone Micro 0.2%/Capsaicin 0.025%/Hyaluronic Acid 0.2% cream base 240g is not medically necessary.