

Case Number:	CM15-0025150		
Date Assigned:	02/17/2015	Date of Injury:	08/20/2013
Decision Date:	07/10/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/10/2015

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, West Virginia, Pennsylvania
 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 44-year-old female with an industrial injury dated 08/20/2013. Her diagnoses included left shoulder sprain/strain with myospasm, left elbow sprain/strain, left shoulder tendinosis and left shoulder bursitis. Prior treatment included diagnostics and medications. She presents on 12/04/2014 with complaints of moderate, occasionally severe left arm pain that radiates to her left shoulder and neck accompanied by numbness, tingling, burning sensations and weakness. She also complains of left elbow pain that radiates to her left arm and wrist and is accompanied by numbness, tingling and weakness. Physical exam noted tenderness to palpation with spasm in the left trapezius muscle. Impingement sign was positive. There was tenderness to palpation over the lateral epicondyle. Range of motion was full with pain at end ranges. There was full range of motion in the bilateral wrists. MRI of the left shoulder dated 09/30/2014 showed infraspinatus tendinosis and minimal subscapularis bursitis with no other gross abnormality. Treatment plan included urine toxicology screen, physical therapy and anti-inflammatory topical medication. Requested treatment included topical anti-inflammatory Flurbiprofen 20%/Cyclobenzaprine 4%/Lidocaine 5% 180 gm tube.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical anti-inflammatory Flurbiprofen 20%/ Cyclobenzaprine 4%/ Lidocaine 5%, 180 gm tube: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

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

Decision rationale: Guidelines state that topical agents are largely experimental and primarily recommended for neuropathic pain when trials of antidepressants and anti-epileptics have failed. Any compounded product that contains at least one drug that is not recommended is not recommended. In this case, there was no evidence of failure of all other first line drugs. The request for topical flurbiprofen/cyclobenzaprine/lidocaine is not medically appropriate and necessary.