

Case Number:	CM15-0026674		
Date Assigned:	02/19/2015	Date of Injury:	11/23/2008
Decision Date:	04/14/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/12/2015

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: Pennsylvania, Ohio, 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 55-year-old male who sustained a work related injury November 23, 2008. His current diagnoses are documented as reflex sympathetic dystrophy and crush injury, finger. According to a primary treating physician's report dated January 15, 2015, the injured worker presented with pain in the right index and middle fingers. He has been performing exercises daily and rates the pain 3-4/10 at rest, increasing with activity and exercise. There is full range of motion of the cervical spine and tenderness noted at C5-6. Right shoulder discomfort is present anterior AC joint, no effusion. Diagnoses are documented as complex regional pain syndrome and crushing injury finger. Treatment plan included continue working, continue daily exercise regime and medication and creams to the right shoulder. According to utilization review dated February 11, 2015, the request for Flurbiprofen 25% Lidocaine 5% cream 30GMS QTY: (1) is non-certified, citing MTUS Chronic Pain Medical Treatment Guidelines. The request for Flurbiprofen 25% Lidocaine 5% cream 60GMS QTY: (1) is non-certified, citing MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 25%/ Lidocaine 5% cream 30gms, QTY: 1: 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.

Decision rationale: MTUS recommends the use of compounded topical analgesics only if there is documentation of the specific proposed analgesic effect and how it will be useful for the specific therapeutic goal required. The records in this case do not provide such a rationale for this topical medication or its ingredients. This request is not medically necessary.

Flurbiprofen 25%/ Lidocaine 5% cream 60gms, QTY: 1: 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.

Decision rationale: MTUS recommends the use of compounded topical analgesics only if there is documentation of the specific proposed analgesic effect and how it will be useful for the specific therapeutic goal required. The records in this case do not provide such a rationale for this topical medication or its ingredients. This request is not medically necessary.