

Case Number:	CM15-0067181		
Date Assigned:	04/14/2015	Date of Injury:	04/29/2014
Decision Date:	05/13/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	04/08/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 female, who sustained an industrial injury to the right shoulder, arm and wrist. The date of injury is not clear, as there are multiple dates of injury indicated in the medical records, utilization review reports and IMR system. The initial diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, x-rays, MRIs, and electrodiagnostic testing. Currently, the injured worker complains of ongoing persistent right shoulder, right arm and right wrist pain with a severity rating of 8/10. The diagnoses include right shoulder sprain/strain - rule out internal derangement, right wrist positive for carpal tunnel syndrome, and right wrist de Quervain's tenosynovitis. The treatment plan consisted of proceeding with surgical consultation for right wrist/hand surgery, medications (Tylenol #3 and Flurbiprofen/Lidocaine cream), urine toxicology screen, and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Lidocaine cream (20%/5%) 180g: 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): 111-112.

Decision rationale: According to the guidelines, topical analgesics are not indicated for long-term use and may be considered when other options have failed. Topical Flurbiprofen (NSAID) is intended for osteoarthritis and topical Lidocaine is intended for diabetic and herpetic neuropathy. In this case, the claimant was not noted to have the above diagnoses. In this case, Tramadol was noted to reduce pain. Frequency and length of application was not specified. Continued use of topical lidocaine is not medically necessary.