

Case Number:	CM15-0073225		
Date Assigned:	04/23/2015	Date of Injury:	02/24/2012
Decision Date:	05/21/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/17/2015

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 48-year-old female injured worker suffered an industrial injury on 02/24/2012. The diagnoses included right epicondylitis, trigger finger and right shoulder sprain/strain. The injured worker had been treated with physical therapy, cortisone injections and medications. On 12/8/2014, the treating provider reported right shoulder and right elbow pain rated at 7/10. On Exam, there was tenderness to the right elbow and pain with range of motion. The treatment plan included Flurbiprofen 20%, Baclofen 2%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.0375%, and Hyaluronic Acid 0.20% in 180 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%, Baclofen 2%, Dex Amethasone 2%, Menthol 2%, Camphor 2%, Capsasain 0.0375%, Hyaluromicd Acid 0.20% in 180 grams: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: Guidelines state that topical analgesics are largely experimental and primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In addition, guidelines state that if any of the medications in the compound are not recommended, then the compound is not recommended. Capsaicin is only recommended as an option when there is failure of other treatments. There is no discussion regarding camphor in the guidelines. The request for compound cream flurbiprofen, baclofen, dexamethasone, menthol, camphor, capsaicin, hyaluronic acid is not medically appropriate and necessary.