

Case Number:	CM15-0075387		
Date Assigned:	04/27/2015	Date of Injury:	01/17/2013
Decision Date:	05/22/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/20/2015

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

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 43-year-old female, who sustained an industrial/work injury on 1/7/13. She reported initial complaints of sharp pain in the right shoulder, right elbow, and right wrist. The injured worker was diagnosed as having right lateral epicondylitis, right shoulder tenosynovitis, and right carpal tunnel syndrome. Treatment to date has included oral topical medication, acupuncture, and surgery. MRI results were reported on 10/31/13. Electromyography and nerve conduction velocity test (EMG/NCV) was performed on 1/31/14. Currently, the injured worker complains of poking sensation to the right shoulder and pain to right elbow and wrist. Per the primary physician's progress report (PR-2) on 2/6/15, the right shoulder arthroscopy wounds healed without signs of inflammation or infection. Range of motion not attempted. Right elbow tender at lateral aspect, range of motion at 0-140, pronation to 75 degrees. Wound was redressed. Current plan of care included removal of steri-strips on 2/10/15, commence gentle physical therapy, and continue medications. The requested treatments include Ibuprofen and Tropical Freeze.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg take 1 tab q6-8h PRN pain #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67 - 69.

Decision rationale: The patient is a 43-year-old female with an injury on 01/07/2013. She had right shoulder arthroscopic surgery. She also had right elbow (epicondylitis) and right wrist (carpal tunnel syndrome) injuries. MTUS, chronic pain guidelines note that NSAIDS are associated with an increased risk of GI bleeding, peptic ulcer disease, cardiovascular disease, liver disease and renal disease. Also, NSAIDS decrease soft tissue healing. MTUS guidelines note that the lowest dose of NSAIDS for the shortest period of time is recommended. Long-term use of NSAIDS is not recommended and the requested medication is not medically necessary.

Tropical Freeze apply to affected area once a day #1 jar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The patient is a 43-year-old female with an injury on 01/07/2013. She had right shoulder arthroscopic surgery. She also had right elbow (epicondylitis) and right wrist (carpal tunnel syndrome) injuries. There is no documentation that a topical analgesic cold medication improves the long-term outcome of a chronic injury. MTUS, chronic pain guidelines for topical analgesics note that if an active ingredient is not recommended than the entire compound topical analgesic medication is not recommended. The requested compound topical analgesic contains Menthol, which is not recommended; thus the requested compound topical analgesic medication is not medically necessary.