

Case Number:	CM15-0076140		
Date Assigned:	04/27/2015	Date of Injury:	09/16/2010
Decision Date:	06/09/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/21/2015

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: 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 40 year old female, who sustained an industrial injury on 9/16/2010. The current diagnoses are wrist/forearm pain, joint pain of the upper arm, and lateral epicondylitis. According to the progress report dated 3/5/2015, the injured worker complains of left hand pain. The pain is rated 0/10 with medications and 5/10 without. She notes that she is doing well on current medication. The physical examination reveals tender lateral epicondyle, mildly decreased range of motion, normal grip, and positive Finkelstein's test. Treatment to date has included medication management, work restrictions, and daily exercises. The plan of care includes prescriptions for Mobic and Flurflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurflex 10/10% #30GM (DOS: 3/5/15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 110-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines state that there is little to no research to support the use of many these agents. The MTUS guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Muscle relaxants are not supported in a topical formulation. In addition, the injured worker is being prescribed oral non-steroidal anti-inflammatory medication and this topical agent also contains an anti-inflammatory medication, and duplication of medication in the same class is not supported. The request for Flurflex 10/10% #30GM (DOS: 3/5/15) is not medically necessary and appropriate.

Mobic 7.5mg #60 (DOS: 3/5/15): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Meloxicam (Mobic) Page(s): 21-22, 60.

Decision rationale: Per the MTUS guidelines, Meloxicam (Mobic) is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. The injured worker is reporting subjective improvement and is noted to be working. No side effects have been noted with the use of this medication. The request for Mobic is supported. The request for Mobic 7.5mg #60 (DOS: 3/5/15) is medically necessary and appropriate.