

Case Number:	CM14-0145795		
Date Assigned:	09/12/2014	Date of Injury:	06/24/2012
Decision Date:	10/22/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/08/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 60 year old female injured on June 6, 2012 when operating electric machinery the injured worker felt sudden onset of sharp pain in the right forearm. The injured worker underwent surgery of the right elbow in February 2014. Diagnosis included cervicgia and shoulder joint derangement. Clinical note dated July 30, 2014 indicated the injured worker complained of constant cervical spine pain aggravated by repetitive motion to the neck, pushing, pulling, lifting, and forward reaching at or about the shoulder level. The injured worker reported radiation of pain into the upper extremities with associated headaches that were migraine-like and tension between the shoulder blades. The injured worker rated pain 8/10. The injured worker also complained of constant pain to the right shoulder aggravated by multiple factors characterized as throbbing and rated 6/10. Physical examination revealed paravertebral muscle tenderness with spasm of the cervical spine, positive axial loading compression test, positive Spurling maneuver, range of motion limited with pain, numbness and tingling into the lateral forearm, and hand correlating with C6 and C7 dermatomal pattern, 4/5 motor strength to upper extremities, and triceps reflexes asymmetric. Shoulder examination revealed tenderness around the anterior glenohumeral joint and subacromial space, Hoffman and impingement signs positive, reproducible symptomology with internal rotation and forward flexion, and no apparent swelling. Treatment plan included refill of medications and request for physical therapy. Initial request was non-certified on August 20, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine/Hyaluronic (patch) 6%/ 0.2% CRM, Flurbiprofen/Capsaicin(Patch) 10%/0.25% CRM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Chronic Pain; Medication-Compound Drugs

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

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Further, CAMTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. This compound contains Flurbiprofen and hyaluronic acid which have not been approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore Lidocaine/Hyaluronic (patch) 6%/ 0.2% CRM, flurbiprofen/Capsaicin (Patch) 10%/0.25% CRM is not medically necessary as it does not meet established and accepted medical guidelines.