

Case Number:	CM13-0012360		
Date Assigned:	04/23/2014	Date of Injury:	08/31/2006
Decision Date:	06/09/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	08/13/2013

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 Occupational Medicine & Rehabilitation 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 applicant has filed a claim for chronic bilateral wrist pain and hand arthritis reportedly associated with an industrial injury of May 30, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; topical compounds; and the apparent imposition of permanent work restrictions. A progress note dated July 26, 2013, was notable for comments that the claimant reported persistent bilateral hand pain. The applicant was not working, it was stated. Numbness, tingling, and paresthesias were appreciated about the wrist. The applicant was given a diagnosis of wrist arthritis. Colace was apparently endorsed, although there was no mention of any issues with constipation. A topical Terocin compound, urine drug screen, and permanent work restrictions were also endorsed. An earlier note of July 14, 2013, was again notable for comments that the applicant was unable to work with permanent restrictions in place. The applicant reportedly carries a diagnosis of wrist arthritis, it was stated. Topical compounds, including Terocin and the flurbiprofen containing compound in question, were endorsed, along with oral Colace.

IMR ISSUES, DECISIONS AND RATIONALES

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

COLACE 100MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

Decision rationale: While page 77 of the MTUS Chronic Pain Medical Treatment Guidelines does support prophylactic initiation of treatment for constipation in applicants using opioids, in this case, however, the applicant is not, in fact, using opioids. There is, furthermore, no mention of issues with constipation for which Colace, a stool softener, will be indicated. Therefore, the request is not medically necessary.

TEROCIN LOTION 120ML: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines Topical Analgesics, Page(s): 111.

Decision rationale: As noted in the MTUS-adopted ACOEM Practice Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, there is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify usage of topical agents and/or topical compounds such as Terocin which are deemed, as a class, largely experimental, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

FLURBIPROFEN 25%/LIDOCAINE 5% TOPICAL COMPOUND CREAM 120GM:
Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines Topical Analgesics, Page(s): 111.

Decision rationale: Again, as with the other topical compound, the MTUS Guideline in ACOEM Practice Guidelines, Chapter 3 deems oral pharmaceuticals the most appropriate first-line palliative method. In this case, there is no mention of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify usage of topical agents and/or topical compounds such as the flurbiprofen-containing compound here which are deemed, as a class, "largely experimental," per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.