

Case Number:	CM13-0035268		
Date Assigned:	12/13/2013	Date of Injury:	08/18/2005
Decision Date:	02/10/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Cardiology and is licensed to practice in Texas. 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 physician 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 patient is a 65-year-old female who reported a work-related injury on 08/18/2005, specific mechanism of injury not stated. The clinical note dated 08/26/2013 reports the patient presents for treatment of the following diagnoses: Chronic pain syndrome, history of upper extremity entrapment neuropathy, right shoulder impingement, partial rotator cuff tear, multi-level cervical spondylosis, right 3rd middle finger extension contracture, right lateral epicondylitis, severe gastritis and reflux, and probable seronegative rheumatoid arthritis. The examining provider, ■■■■■, documents the patient continues to report severe bilateral hand pain and stiffness, especially in the morning. The provider documents the patient likely has findings of seronegative rheumatoid arthritis. The provider documents, upon physical exam of the patient, that diffuse axial spine tenderness is noted. The provider documents the patient's medication regimen includes Nexium, Zantac, Reglan, Lyrica, tramadol, Lidoderm, Celebrex, and a topical cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

topical creams (unspecified): 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 Page(s): 111.

Decision rationale: The current request is not supported. The clinical documentation submitted for review reports the patient continues to present with moderate complaints of bilateral upper extremity pain status post a work-related injury sustained in 2005. The provider is recommending the patient continue with her medication regimen to include topical analgesics. However, the current request does not specify the ingredients, dosage, or frequency of the topical analgesic being recommended for the patient's utilization. Furthermore, California MTUS indicates topical analgesics are largely experimental in use and used in a few randomized control trials to determine efficacy or safety. Given all of the above, the request for topical creams (unspecified) is not medically necessary or appropriate.