

Case Number:	CM13-0036264		
Date Assigned:	12/13/2013	Date of Injury:	07/11/2012
Decision Date:	02/20/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/21/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine 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 41-year-old male who reported a work related injury on 07/11/2012, as the result of a laceration to the right small finger. The clinical note dated 07/24/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient presents with complaints of right LF tip amputation site pain. Upon physical exam of the patient, tenderness to the nodule of the medial distal tip of the right 5th digit was noted. The provider documented treatment plan to include authorization for the patient to undergo a right 5th digit evaluation with the specialist, topical analgesics, Genicin capsule, and Somnicin capsule.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up visit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Editio, Chapter 7, Independent Medical Examinations and Consultations

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The current request is not supported. The clinical documentation appears to evidence the patient has plateaued with treatment since sustaining a work related injury in 07/2012. The patient utilizes topical analgesics and medical food for his pain complaints status post right SF tip amputation. The patient, to be seen by this provider [REDACTED] every 4 to 6 weeks is excessive in nature as the patient's chronic condition is stable, and the patient utilizes no opioids requiring periodic assessment. California MTUS/ACOEM Guidelines indicate the goal of an evaluation is in fact functional recovery and return to work. Given all of the above, the request for follow-up visit is not medically necessary or appropriate.

Topical medications: Upheld

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

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

Decision rationale: The current request is not supported. California MTUS indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The provider documents the patient is utilizing multiple compounded topical analgesics which include Lidocaine, amitriptyline, gabapentin, and Cyclobenzaprine, and California MTUS indicates these medications are not recommended for topical use. Any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. Furthermore, the provider failed to document the patient's reports of efficacy with utilization of the requested topical analgesics. Given all of the above, the request for topical medications is not medically necessary or appropriate.

Evaluation by specialist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Editio, Chapter 7, Independent Medical Examinations and Consultations

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The current request is not supported. The clinical documentation submitted for review appears to evidence that the patient has plateaued with his course of treatment since status post a work related injury sustained in 07/2012 with resultant right SF tip amputation. The patient reports continued complaints of right SF tip site pain. However, documentation of lower levels of conservative treatment for the patient's pain complaints and goal of treatment for the patient to undergo an evaluation with a specialist were not noted in the clinical notes reviewed. California MTUS/ACOEM Guidelines indicate referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular case of delayed

recovery, or has difficulty obtaining information or agreement to a treatment plan. Given all of the above, the request for evaluation by specialist is not medically necessary or appropriate.