

Case Number:	CM13-0051208		
Date Assigned:	12/27/2013	Date of Injury:	02/03/2012
Decision Date:	06/04/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/30/2013

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 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:

This claimant is a 60 year old man with an injury to his right wrist on 2/3/12, putting together pallets. He has had a right wrist reconstruction 4/30/13 for closed distal radius fracture, and has degenerative changes in the wrist and TFCC tearing.

IMR ISSUES, DECISIONS AND RATIONALES

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

THERAFLEX CREAM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation information from Drugs.com.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Per the MTUS Chronic Guidelines The following ingredients are in Theraflex, Chondroitin polysulfate sodium, Benzoxonium chloride (a disinfectant). Topical NSAIDs, Lidocaine and capsaicin are the only options for topical treatment, under proscribed circumstances. Topical chondroitin is not addressed in the chronic pain guidelines. Therefore, based on guidelines the request for Theraflex Cream is not medically necessary.