

Case Number:	CM13-0056347		
Date Assigned:	12/30/2013	Date of Injury:	08/02/2012
Decision Date:	06/03/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/22/2013

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 Orthopedic Surgery 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 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 patient is a 55 year old male injured on 08/02/12 when boxes fell on his right hand and wrist. The patient was diagnosed with right ulnar impingement syndrome and right hand/wrist arthrosis. The patient underwent right wrist arthroscopy, synovectomy, scapholunate ligament thermal shrinkage, and triangular fibrocartilage debridement on 12/05/12 and right forearm ulnar shortening osteotomy on 06/19/13. The most recent clinical documentation indicates the patient continued to complain of right wrist pain with radiation to the right elbow, forearm, and fingers. Physical examination revealed positive Tinel's sign at the right wrist. The patient was prescribed Ultracet 37.5/325mg BID and Ketoprofen gel BID.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compounded ethoxy liq liglycol, dimethyl sol sulfoxid, pluronic gel F127 30%, lipoil oil, ketoprofen pow, and ethyl alcho solution 100% krisgel 100 gel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Forearm, Wrist, & Hand Complaints..

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. There is no indication in the documentation that these types of medications have been trialed and/or 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 multiple components 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 the compounded ethoxy liq glycol, dimethyl sulfoxid, pluronic gel F127 30%, lipoil oil, ketoprofen pow, and ethyl alcho solution 100% krisgel 100 gel cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.