

Case Number:	CM13-0058062		
Date Assigned:	12/30/2013	Date of Injury:	06/13/2013
Decision Date:	04/03/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/26/2013

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 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic hand and wrist pain reportedly associated with cumulative trauma at work between the dates of June 13, 2012 through June 13, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; topical compound; attorney representation; transfer of care to and from various providers in various specialties; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report of November 12, 2013, the claims administrator denied request for several topical compounds. The applicant's attorney subsequently appealed. A clinical progress note of October 17, 2013 is sparse, handwritten, not entirely legible, notable for comments that the applicant is not working. The applicant is reportedly unable to do any data entry. The applicant is given diagnoses of tenosynovitis, carpal tunnel syndrome, and neck pain. The applicant is asked to consult a neurologist, a rheumatologist, and obtain a bone scan while remaining off of work, on total temporary disability. An earlier handwritten note of July 30, 2013 was notable for comments that the applicant was using several oral pharmaceuticals, including Motrin, Tramadol, and Medrol, it is incidentally noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUND DRUG CAPSAICIN 0.375%/MENTHOL10%/CAMPHOR 2.5%/TRAMADOL 20%: 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): 28 and page 111.

Decision rationale: As noted on page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, capsaicin, one of the ingredients in the topical compound, is considered a last-line agent, to be employed only in those individuals who have tried, failed, and/or proven refractory to other treatments. In this case, however, there is no evidence of intolerance to and/or failure of first-line oral pharmaceuticals. The applicant was reportedly using several oral pharmaceuticals, including Motrin, Tramadol, and Medrol on a July 30, 2013 progress note. It is not clearly stated why oral pharmaceuticals cannot be employed here. The unfavorable recommendation on the capsaicin component of the compound results in the entire compound's carrying an unfavorable recommendation, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not certified, on Independent Medical Review.

COMPOUND DRUG FLURBIPROFEN 25% AND DICLOFENAC 10%: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As noted in the MTUS-adopted ACOEM 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 or topical compounds which are, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines "largely experimental." Therefore, the request is likewise not certified, on Independent Medical Review.