

Case Number:	CM14-0000324		
Date Assigned:	01/10/2014	Date of Injury:	10/06/2012
Decision Date:	06/05/2014	UR Denial Date:	12/21/2013
Priority:	Standard	Application Received:	01/02/2014

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 Family Medicine, and is licensed to practice in Utah. 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 20 year-old male. The patient's date of injury is 10/6/2012. The exact mechanism of injury is unclear according to the clinical documents, but appears to be repetitive lifting. The patient has been diagnosed with pain in the joint/hand, and sprains of the wrist. The patient's treatments have included medications and imaging studies. The X-ray performed showed an exostosis of the right first Metacarpal head. The physical exam findings show a positive Tinel's and Phalen's test, with some decreased sensation in the medial nerve distribution. He is noted to have full range of motion in both hands and wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR KETOPROFEN/CYCLOBENZAPRINE/CAPSAICIN/MENTHOL/CAMPBOR (DURATIONS UNKNOWN AND FREQUENCY UNKNOWN) DOS: 10/17/13 FOR TREATMENT OF THE LEFT AND RIGHT WRIST STRAIN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical/Compounded Medications..

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

Decision rationale: MTUS guidelines were reviewed in regards to this specific case. The clinical documents were reviewed. The request is for Ketoprofen / Cyclobenzaprine / Capsaicin / Menthol / Camphor topical medication. The MTUS guidelines discuss compounding medications. The guidelines state that a compounded medicine, that contains at least one drug (or class of medications) that is not recommended, is not recommended for use. The guidelines also state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. It is also unclear the amount of time that this medication was prescribed and the frequency of this medication. The MTUS does not specifically address Ketoprofen / Cyclobenzaprine / Capsaicin / Menthol / Camphor as a topical analgesic. Therefore, according to the guidelines cited, it cannot be recommended at this time. The request for the topical medication is not medically necessary.