

Case Number:	CM14-0003630		
Date Assigned:	01/31/2014	Date of Injury:	06/24/2011
Decision Date:	06/20/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/09/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

The patient is an employee of [REDACTED] and has submitted a claim for lumbago, left carpal tunnel syndrome, and left middle finger metacarpophalangeal joint synovitis, and s/p right thumb joint arthrodesis associated with an industrial injury date of June 24, 2010. Treatment to date has included (NSAIDs) non-steroidal anti-inflammatory drugs, opioids, muscle relaxants, physical therapy, fusion surgery, radiofrequency lumbar neurotomy, right (7/25/13). Medical records from 2013 to 2014 were reviewed. The patient complained of right thumb hypersensitivity 5/10 with touch. Physical examination findings showed tenderness of the right thumb. Utilization review from December 27, 2013 denied the requests for topical creams and analgesics patches. Reasons for denial are unavailable.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOPICAL CREAMS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, 9792.24.2 Page(s): 111-113.

Decision rationale: As noted on pages 111-113 of the Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy and safety. There is little to no research to support the use of NSAIDS and opioids in topical compound formulations. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the patient has been using topical creams since December 2013, however, the specific topical cream used and patient's response to it were not documented. The present request did not specify the type of topical cream being requested, thus the request is incomplete. Therefore, the request for topical creams is not medically necessary.

ANALGESIC PATCHES: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, 9792.24.2. Page(s): 111-113.

Decision rationale: As noted on pages 111-113 of the Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy and safety. There is little to no research to support the use of NSAIDS and opioids in topical compound formulations. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the patient has been using analgesic patches since December 2013, however, the specific analgesic patches used and patient's response to it were not documented. The present request did not specify the type of topical cream being requested. Therefore, the request for analgesic patches is not medically necessary.