

Case Number:	CM14-0005627		
Date Assigned:	02/05/2014	Date of Injury:	05/09/2013
Decision Date:	06/20/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/13/2014

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 Physical Medicine & Rehabilitation 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 injured worker is a 56 year old female with a reported date of injury on 05/09/2013. The injured worker reported a repetitive injury to her right wrist. The progress note dated 11/20/2013 reported the injured worker was waiting for authorization for a deQuervain's release to the right wrist. The progress noted dated 12/18/2013 listed a diagnosis of right de Quervain's tenosynovitis. The physical examination reported there was +3 tenderness over the thumb extensor tendons and first dorsal compartment. The Finkelstein's test was markedly positive. The request of authorization form was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PRESCRIPTION COMPOUND FOR CAPSAICIN .0375%, MENTHOL 10%, CAMPHOR 2.5%, TRAMADOL 20%, 240 GM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CAPSAICIN, TOPICAL,

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

Decision rationale: The injured worker is a 56 year old female with a reported date of injury on 05/09/2013. The injured worker reported a repetitive injury to her right wrist. The progress note dated 11/20/2013 reported the injured worker was waiting for authorization for a deQuervain's release to the right wrist. The progress noted dated 12/18/2013 listed a diagnosis of right de Quervain's tenosynovitis. The physical examination reported there was +3 tenderness over the thumb extensor tendons and first dorsal compartment. The Finkelstein's test was markedly positive. The request of authorization form was not submitted within the medical records.

ONE PRESCRIPTION COMPOUND FOR FLURBIPROFEN 25%, DICLOFENAC 10%, 240 GMS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL NSAIDS,

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

Decision rationale: The MTUS Chronic Pain Guidelines state the use of topical analgeics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS Chronic Pain Guidelines recommend Voltaren® Gel 1% (Diclofenac) which is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. The use of 10% Diclofenac is not recommended. It did not appear the injured worker had a diagnosis for which topical NSAIDs would be indicated. Additionally, the site at which the medication was to be applied was not specified within the request. Therefore, the request is not medically necessary and appropriate.