

Case Number:	CM14-0007383		
Date Assigned:	02/10/2014	Date of Injury:	03/13/2013
Decision Date:	07/14/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/21/2014

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 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 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 64-year-old female who has submitted a claim for synovitis, tenosynovitis, and carpal tunnel syndrome associated with an industrial injury date of March 13, 2013. Medical records from 2013 through 2014 were reviewed. The latest progress report, dated 12/06/2013, showed left wrist pain of 8/10. The pain was constant, aching and burning sensation. A popping sensation and exacerbation of pain was noted with activities such as lifting, gripping, and grasping objects. The patient used brace for the left wrist to help relieve the pain. Physical examination revealed limited range of motion of the left arm. Tinel and Finkelstein test were positive on the right. De Quervain test was positive on the left with visible swelling. Treatment to date has included left tenosynovial tract injection and medications. Utilization review from 12/17/2013 denied the request for the purchase of DLC cream 30g qd because documentation did not describe well-demarcated neuropathic pain that had failed the gamut of readily available oral agents in the antidepressant, antiepileptic, or NSAID class to support the medical necessity of topical agents.

IMR ISSUES, DECISIONS AND RATIONALES

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

DLC CREAM 30 GRAMS QD: Overturned

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

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

Decision rationale: DLC contains Diclofenac Liposomal Cream. According to pages 111-113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many these agents. However, diclofenac is FDA-approved topical agent. In this case, the rationale of using a topical medication is to decrease the need for oral medications. Diclofenac cream is a reasonable treatment option at this time. Therefore, the request for DLC cream 30g qd is medically necessary.