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| Case Number: | CM14-0012434 | | |
| Date Assigned: | 02/21/2014 | Date of Injury: | 10/20/2005 |
| Decision Date: | 06/26/2014 | UR Denial Date: | 01/17/2014 |
| Priority: | Standard | Application Received: | 01/30/2014 |

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 reported a date of injury of 10/20/2005. She has been treated conservatively for chronic upper extremity discomfort. Her current diagnosis is listed to be bilateral carpal tunnel syndrome and chronic tenosynovitis. Prior Orthopedic Surgeon consultations have stated that there is no surgical intervention that is warranted. The reviewed topicals are being dispensed from the treating physicians office.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE DICLOFENAC 20%, 210GMS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

Decision rationale: MTUS guidelines are very clear on topical analgesics. Only FDA approved topical analgesics are recommended. A 20% strength of Diclofenac is 20X's the strength of the FDA approved topical Diclofenac (1%). There is no literature literature supportive of making any exception to the MTUS guidelines i.e. 20% is superior to the FDA approved 1%. Therefore,

the request for Diclofen AC 20%, 210gms (DOS 9/24/12) is not medically necessary and appropriate.

RETROSPECTIVE AMITRIPTYLINE 4%/DEXTROMETHORPHAN 20%/TRAMADOL 5%, 210GMS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines Page(s): 112.

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

Decision rationale: MTUS guidelines are clear that topical Amitriptyline and Tramadol is not recommended as a topical agent. The guideline also states that if one or more component(s) of a topical is not recommended the compounded mix is not recommended. Therefore, the request for Amitriptyline 4%/Dextromethorphan 20%/Tramadol, 5%, 210gms (DOS 9/24/12) is not medically necessary and appropriate.

RETROSPECTIVE CAPSAICIN .0375%/DICLOFENAC 20%/CAMPHOR 2%/MENTHOL 2%, 210GMS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines Page(s): 112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 112-113.

Decision rationale: MTUS chronic pain guidelines are clear on this issue. The 20% Diclofenac is not FDA approved. In addition the guideline specifically states that .0375% Capsaicin is not recommended over the usual and customary .025% strength. The guidelines are clear that if one or more component(s) of the "blend" is not recommended the "blend" is not recommended. Therefore, the request for Capsaicin 0375%/Diclofenac 20%/Camphor 2%/Menthol 2%, 210gms (Dos 9/24/12) is not medically necessary.