

Case Number:	CM14-0019347		
Date Assigned:	04/21/2014	Date of Injury:	06/22/2009
Decision Date:	07/02/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/14/2014

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 North Carolina. 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 39-year-old with a reported date of injury occurring between 3/05/2011 to 7/29/2011 secondary to repetitive physical strain of continuous keyboarding and computer work. Physical complaints include pain in the neck, bilateral shoulders and the right wrist and forearm. Treatments have included chiropractic care, extra corporeal shockwave therapy, surgery and post-operative therapy and exercise rehabilitation. The most recent progress note from the primary treating physician dated 1/17/14 states the patient complaints of a flare up of right wrist and forearm pain due to activity of daily living. The patient had been using icy hot and massage with temporary relief and states that in the past therapy had been helpful. The objective findings are illegible. The diagnosis was right wrist/forearm tenosynovitis with a plan for Dendracin, home stretching and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE MEDICATION: ULTRACIN (DENDRACIN): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS.

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

Decision rationale: The California MTUS makes the following recommendation concerning the use of topical analgesics for chronic pain: Largely experimental in use with few randomized controlled trials to determine efficacy or safety. The primary recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. As per these recommendations, topical analgesics are indicated when trial of other treatment modalities have failed, in particular antidepressants and anticonvulsants. Capsaicin in particular is recommended when the patient has not responded or intolerant to other treatments. There is no documentation of these criteria being met that would allow the capsaicin to be recommended and thus certified; therefore, the request is not medically necessary.