MAXIMUS Federal Services

Case Number:	CM14-0113790		
Date Assigned:	08/01/2014	Date of Injury:	07/24/2013
Decision Date:	10/22/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/21/2014

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 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 injured worker is a 58 year old female who sustained a left wrist injury on July 24, 2013 while lifting a student from the ground. The injured worker was seen by the treating physician on January 10, 2014. The physical examination revealed a positive Finkelstein's test in the left wrist. During her follow-up visit on February 12, 2014, the injured worker reported improvement in her left thumb motion. However, she still had triggering. An objective examination revealed mild swelling on the left wrist. The injured worker returned on February 26, 2014 with complaints of persistent moderate pain in her left wrist. On examination, increased pain was elicited upon palpation of the left wrist. She returned on March 26, 2014 and noted improved pain. However, she still had moderate intermittent sharp pain in her left wrist. An occupational therapy progress note dated April 8, 2014 stated that the injured worker reported overall improved movement and strength. The physical examination revealed a scar that was less hypertrophic and adherent. Mild edema was noted on the left wrist. Positive intrinsic tightness and positive left Finkelstein's tests were evident.The injured worker presented to the treating physician on May 7, 2014 and complained of on-and-off pain in her left wrist with a pain level of 6/10 that radiated to her left hand and fingers, left arm, and upper back with numbness, tingling, and a pulsating sensation. On examination, she moved her left upper extremity cautiously. The cervical spine examination revealed tenderness with spasm over the left upper trapezius muscles and limited range of motion. The left wrist and hand examination demonstrated mild inflammation, tenderness, and a well-healed scar at the radiocarpal joint as well as mild inflammation over the entire hand, tenderness over the thenar eminence, and restricted range of motion of the wrist. An examination of her digits revealed tenderness over the metocarpophalangeal joints of the thumb, left thumb triggering, and an inability to make a fist. The injured worker was reevaluated by the treating physician on May 14, 2014 with

unchanged moderate intermittent pain in her hands. A physical examination revealed pain to palpation with stiffness in the left wrist. A magnetic resonance imaging scan of the left wrist done on June 8, 2014 revealed (a) some increased signal beneath the transverse retinaculum near the median nerve; (b) neutral ulnar variance with subtle lunotriquetral impaction; (c) triangular fibrocartilage complex tear with mild surrounding tenosynovitis; (d) minimal fluid in the radioscaphoid, lunotriquetral, and pisotriquetral joint spaces; and (e) small bone cyst in the capitateThe injured worker returned to the treating physician on June 18, 2014 with complaints of persistent, intermittent, throbbing pain in her hands. Objective findings revealed moderate pain in her left wrist at the surgery site and a weak grip strength in both hands. According to the treating physician, the injured worker had reached maximum medical improvement. The injured worker was reevaluated on July 14, 2014 with same complaints. She reported well-controlled pain on medications but noted persistent and severe stomach upset and reflux. There was no change in her objective findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10%, Lidocaine 5%, Tramadol 15% 180 gram: 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: According to the Chronic Pain Medical Treatment Guidelines, any compounded product that contains at least one drug that is not recommended is not recommended. Since the guidelines do not support and recommend Gabapentin as a topical product, this topical medication is not medically necessary.

Flurbiprofen 20%, Tramadol 15% 180 gram: 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 injured worker's medications including Hydrocodone and Cyclobenzaprine are effectively controlling her painful conditions and there was no indication that she is intolerant to oral antidepressants and anticonvulsants to necessitate the use of a topical agent. The Chronic Pain Medical Treatment Guidelines states that topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Therefore, this request is not considered medically necessary.