MAXIMUS Federal Services

Case Number:	CM14-0125317		
Date Assigned:	08/11/2014	Date of Injury:	03/21/2014
Decision Date:	10/02/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/07/2014

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 Internal 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 injured worker is a 51-year-old male who reported an injury on 03/21/2014; the mechanism of injury was not provided. On 08/18/2014 the injured worker presented with complaints of left wrist and hand pain and discomfort. Upon examination of the wrist and hand there was full range of motion except for fingers which were stiff. There was 3/5 motor strength, tenderness of the fingers. Current medications included meloxicam and hydrocodone/acetaminophen. Diagnosis was injury of the hand. The provider recommended FluriFlex, TGHot and consultation with a hand specialist. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

FluriFlex, 180gm: Upheld

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

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

Decision rationale: The request for FluriFlex, 180gm is not medically necessary. The California MTUS Guidelines state that transdermal compounds are largely experimental in use

with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug that is not recommended is not recommended. Many agents are compounded as monotherapy or in combination for pain control including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, or adenosine. There is little to no research to support use of many of these agents. There is lack of documentation of the injured worker's failure to respond to an antidepressant or anticonvulsant. Additionally, the site at which the cream is indicated for, dose and frequency was not included in this request as submitted. As such, medical necessity has not been established.

TGHot, 180gm: Upheld

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

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

Decision rationale: The request for TGHot, 180gm is not medically necessary. The California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug that is not recommended is not recommended. Many agents are compounded as monotherapy or in combination for pain control including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, or adenosine. There is little to no research to support use of many of these agents. There is lack of documentation of the injured worker's failure to respond to an antidepressant or anticonvulsant. Additionally, the site at which the cream is indicated for, dose and frequency was not included in this request as submitted. As such, medical necessity has not been established.

Consultation with hand specialist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 6: Pain, Suffering and the Restoration of Function, page 163.

Decision rationale: The request for a Consultation with hand specialist is not medically necessary. The California MTUS Guidelines state that a consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability and permanent residual loss and/or the examinee's fitness for return to work. There is no clear rationale to support the need for a consultation. An adequate and complete assessment of the

injured worker's hand was not provided. The lack of previous conservative treatments that the injured worker underwent and the efficacy of those prior treatments provided. As such, medical necessity has not been established.