

Case Number:	CM14-0156553		
Date Assigned:	09/26/2014	Date of Injury:	06/11/2013
Decision Date:	10/27/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/24/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 29 year old male with date of injury 6/11/13 that occurred as a result of a crush injury in a door. The treating physician report dated 6/7/14 indicates that the patient presents with pain affecting the right hand, wrist and forearm. The physical examination findings reveal tenderness of the right hand, severe pain at the ulnar styloid, mild crepitus of the wrist, pain in the anatomic snuffbox and positive orthopedic tests. MRI of the right wrist dated 2/6/14 is reveals nonunion ulnar styloid process and 4mm negative ulnar variance without evidence of Kienbock's disease. The current diagnoses are: Right wrist crush, Right wrist pain, Right non-union ulnar styloid process, and Rule out right carpal tunnel syndrome. The utilization review report dated 9/8/14 denied the request for transdermal compound based on the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transdermal compound (dispensed-name, strength, qty not provided): 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 patient presents with chronic right arm, wrist and hand pain rated a 6/10. The current request is for Transdermal compound (dispensed-name, strength, qty not provided). The treating physician report dated 6/7/14 suggests that the patient be more thoroughly worked up to include EMG prior to surgical intervention ORIF of the ulnar styloid fracture. There is no prescriptions recommended for medications or creams only for a right large volar spica brace. The MTUS guidelines for topical analgesics state, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case there is a request for a transdermal compound that is not identified and therefore there is no way to evaluate if any medications in the compound are not supported by MTUS. Additionally the topical analgesics that are recommended by MTUS are typically for peripheral joint arthritis pain not for fractures that require surgery. Recommendation is for denial.