

Case Number:	CM14-0179318		
Date Assigned:	11/03/2014	Date of Injury:	07/26/2012
Decision Date:	12/09/2014	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	10/28/2014

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 34 year old with an injury date on 7/26/12. Patient complains of continuing bilateral hand pain rated 3-4/10 per 10/14/14 report. Patient states that Tramadol is helping with baseline pain, Percocet is helping with breakthrough pain, and TN2 cream "helps some" per 10/14/14 report. Based on the 10/14/14 progress report provided by [REDACTED] the diagnoses are: 1. Pain in joint, hand 2. Reflex sympathetic dystrophy upper limb. Exam on 10/14/14 showed "grip strength decreased slightly on both hands, 3rd and 4th finger tightness with hand use." There was no range of motion testing in included reports. Patient's treatment history includes stellate ganglion block (which decreased pain), medications. [REDACTED] is requesting TN2 cream 120gm. The utilization review determination being challenged is dated 10/22/14 and denies request due to a lack of documentation that patient cannot tolerate oral medications or has failed first line treatment. [REDACTED] is the requesting provider, and he provided treatment reports from 3/6/14 to 10/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

TN2 Cream 120 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 Anti-inflammatory Medications, NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, Specific.

Decision rationale: This patient presents with bilateral hand pain. The provider has asked for TN2 cream 120gm on 10/14/14. Patient has been using TN2 CREAM since 5/29/14. It is not known what this topical cream contains and the provider does not spell it out. Regarding topical analgesics, MTUS supports NSAIDs for peripheral arthritis/tendinitis problems. In this case, the patient does not present with arthritis or tendinitis which this topical medication is indicated for. This cream is stated to be applied to "hand/forearm" per 5/29/14 report. The 10/4/14 report states that the TN2 cream "helps some." In this case, the patient has been applying TN2 cream to hand/forearm area with some efficacy. However, it is not known what this product exactly contains. Without knowing what it is, the guidelines cannot be applied for its indication. Therefore, this request is not medically necessary.