

Case Number:	CM14-0023018		
Date Assigned:	05/12/2014	Date of Injury:	12/06/2009
Decision Date:	08/04/2014	UR Denial Date:	02/08/2014
Priority:	Standard	Application Received:	02/24/2014

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 Occupational 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 patient is a 49-year-old female who has submitted a claim for right de Quervain's disease and right dorsal sensory branches radial nerve neuritis. Medical records from 2013 to 2014 were reviewed. The patient complained of chronic pain and weakness of the right wrist and hand. Physical examination showed tenderness along the right first dorsal compartment and positive Tinel's sign. Treatment to date has included nonsteroidal anti-inflammatory drugs (NSAIDs), muscle relaxants, topical analgesics, radial nerve blocks, and surgery. Utilization review from February 8, 2014 denied the request for transdermal cream because there was no documentation of intolerance to these or similar medications to be taken on an oral basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRANSDERMAL CREAM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Topical Analgesics Page(s): 111-113.

Decision rationale: Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety.

In this case, the patient complained of chronic pain and weakness of the right wrist and hand. The patient has been on Cyclobenzaprine 10%/Gabapentin 10% transdermal cream since December 6, 2013 and reported reduced use of oral analgesics. However, there were no reports of failure or intolerance to oral pain medications in this case. In addition, the components of the requested transdermal cream were not specifically indicated. As such, the request is not medically necessary.