

Case Number:	CM14-0024077		
Date Assigned:	06/11/2014	Date of Injury:	10/16/2012
Decision Date:	08/21/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/25/2014

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 Anesthesiology, has a subspecialty in Pain 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 50 year old female who had a work-related injury on 10/16/12. She was sitting down a chair, she bent over to pick up something from under her desk, and the chair slid from underneath her and flipped and began to fall on top of her. The injured worker stretched out her right arm to stop the chair and felt that her right thumb flipped backwards. She experienced immediate mild pain and an hour later the thumb became swollen. The injured worker was diagnosed with DeQuervain's tenosynovitis. The injured worker underwent DeQuervain's tenosynovitis release, a second dorsal compartment release, and partial extensor tenosynovectomy on 09/13/13. The injured worker failed all conservative treatment which consisted of immobilization, nonsteroidal anti-inflammatory drugs, and physical therapy. There has been no documentation submitted after the injured workers surgery. Prior utilization review on 01/28/14 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

KETOP/LIDO/CAP/TRAM 15%, 15, 0.012/5% #120 FOR DOS 9/12/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, compound drug(s).

Decision rationale: The current guidelines do not support the request. California Medical Treatment Utilization Schedule, the Official Disability Guidelines and US Food and Drug Administration (FDA) do not recommend the use of compounded medications as these medications are noted to be largely experimental in use with few randomized controlled trials to determine efficacy or safety. Further, the FDA requires that all components of a transdermal compounded medication be approved for transdermal use. This compound contains: Tramadol which has not been approved by the FDA for transdermal use. Any compounded product that contains at least one drug (or drug class) that is not recommended. Therefore, the request is not medically necessary.

FLUR/CYCLO/CAPS/LID 10%, 2%, 0.0225%, 1% #120 FOR DOS 9/12/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, compound drug(s).

Decision rationale: The current guidelines do not support the request. California Medical Treatment Utilization Schedule, the Official Disability Guidelines and US Food and Drug Administration (FDA) do not recommend the use of compounded medications as these medications are noted to be largely experimental in use with few randomized controlled trials to determine efficacy or safety. Further, the FDA requires that all components of a transdermal compounded medication be approved for transdermal use. This compound contains: Cyclobenziprine which has not been approved by the FDA for transdermal use. Any compounded product that contains at least one drug (or drug class) that is not recommended. Therefore, the request is not medically necessary.