

Case Number:	CM14-0030052		
Date Assigned:	06/20/2014	Date of Injury:	04/24/2002
Decision Date:	07/17/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/10/2014

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 Physical Medicine and Rehabilitation 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:

This patient is 58-year-old female with a date of injury of 04/24/2004. The listed diagnoses per [REDACTED] are: 1.Repetitive stress injury. 2.Carpal tunnel syndrome. 3.Lateral epicondylitis. According to progress report 01/29/2014 by [REDACTED], the patient presents with continue bilateral upper extremity complaints. Per treating physician, the patient has been using DermaTran, a topical cream, with benefit. Examination revealed tenderness along the forearm and wrist region. Range of motion is guarded secondary to pain. There is weakness noted to grip strength and elbow flexion. Tinel's testing is positive. Recommendation is for refill of DermaTran cream. Utilization review denied the request on 02/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Topical Cream through DermaTran: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Pain, Compound drugs, Criteria for Compound drugs.

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

Decision rationale: This patient presents with continued complaints of bilateral upper extremity pain. The treater is requesting a refill of DermaTran, a topical compound cream. The MTUS Guidelines regarding topical creams page 111 under chronic pain section states, "Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one drug or drug class that is not recommended is not recommended." The requested compound topical analgesic contains baclofen which is not recommended in any compound formulation. Recommendation is for denial.