

Case Number:	CM14-0041177		
Date Assigned:	06/30/2014	Date of Injury:	11/09/2009
Decision Date:	08/19/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	04/08/2014

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 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 patient is a 52-year-old female with an 11/9/09 date of injury. Diagnosis includes carpal tunnel syndrome, chronic pain, and lateral epicondylitis of the elbow. Prior treatment has included physical therapy, acupuncture, carpal tunnel release on the right in 2011, and on the left in 2012, and left lateral epicondylectomy in 2013. Current medications include gabapentin, Levoxy, Voltaren, and Elavil. On 2/26/14 the patient had complaints of pain in bilateral upper extremities and, difficulty sleeping. Pain levels are 4-5/10. The patient reported using an H-wave stimulator, which alleviates pain and off but she does not require medications. Treatment plan discussed PO medications, however there was no discussion of a request for topical medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound 240 gm topical 20 days, no refills, flurbiprofen (NSAID), camphor, menthol, capsaicin (analgesics): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals Page(s): 105.

Decision rationale: The provided progress notes did not discuss a request for any topical medication, and the most recent 2/26/14 note described only PO medications. Although guidelines state that topical salicylates are significantly better than placebo in chronic pain, without a formal request, the topical medication cannot be substantiated. Therefore, the request is not medically necessary.