

Case Number:	CM14-0071204		
Date Assigned:	07/14/2014	Date of Injury:	05/05/2011
Decision Date:	08/14/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/16/2014

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 Orthopedic Surgery 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 47-year-old male who was reportedly injured on May 5, 2011. The mechanism of injury was noted as getting a little finger, ring finger, and middle fingers of the left hand caught in a press. The injured employee had subsequent surgery on May 6, 2011. Subsequent physical therapy was attended. Current medications included Teramin, Fluoxetine, Tramadol, Nexium, Centra and Trepadone. The most recent progress note, dated February 27, 2014, indicated that there were ongoing complaints of left shoulder pain, left hand pain, and left wrist pain. The physical examination demonstrated a mildly positive Neer's and Hawkins test at the left shoulder. There were well healed amputation stumps of the little finger, ring finger and middle finger at the phalanx level. There was tenderness over the dorsum of the metacarpophalangeal joints of all the fingers of the right hand. A request had been made for Dexamethasone 4%, Lidocaine 10% , Ketoprofen 20% and Lipoderm Base 240 gm with two refills, and was not certified in the pre-authorization process on April 16, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dexamethasone 4%Lidocaine 10% ketoprofen 20%Lipoderm Base 240gm refill:2 DOS 12/17/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Compounded. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

Decision rationale: According to the most recent note in the medical records, dated February 27, 2014, examination of the site of the injury showed well-healed amputations of the fingers without any pain or tenderness. It is unclear why there is a request for this topical compounded medication. Without specific justification, this request is not medically necessary.