

Case Number:	CM14-0112111		
Date Assigned:	08/01/2014	Date of Injury:	05/05/2005
Decision Date:	01/29/2015	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/17/2014

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 Texas. 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 female sustained an injury on May 5, 2005. The mechanism of injury was not included in the provided medical records. The injured worker had been awarded partial disability for her neck, wrists, right shoulder, right elbow, psyche, and upper and lower gastrointestinal. On February 27, 2014, the injured worker's reported intermittent right shoulder pain and continued tenderness of the left ring finger, which were manageable. The primary treating physician noted the injured worker's left finger locking resolved after a steroid injection on the previous visit. The physical exam revealed tenderness and thickening over the A1 pulley of the ring and middle fingers, and no active triggering. Diagnoses were status post bilateral carpal tunnel release with residuals, recurrent right shoulder impingement, and left ring finger flexor tenosynovitis. The treatment plan included a request for a topical compound for use with acute exacerbations, and follow up every three months. Current work status is not included in the provided documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone injection, left ring finger: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266.

Decision rationale: The California American College of Occupational and Environmental Medicine consider cortisone injections the exception of most invasive techniques in or about the tendon sheaths or, possibly, the carpal tunnel in cases resistant to conservative therapy for 8 to 12 weeks. Additionally the guidelines recommend the clinician try conservative methods before considering an injection. Although the benefit from cortisone injections is short lived, trigger finger, if significantly symptomatic, is probably best treated with a cortisone anesthetic injection at first encounter, with hand surgery referral if symptoms persist after 2 injections by the primary care or occupational medicine. It was noted the injured worker had received 1 injection, however, the objective functional response to this injection was not provided. There was tenderness documented and thickening over the A1 pulley of the ring fingers, however, no active triggering was indicated. As such, the request for Cortisone injection, left ring finger is not medically necessary.

Topical Compound: Baclofen 2%, Cyclobenzaprine, Flurbiprofen 15%, Lidocaine 5%, Hyaluronic Acid 0.2 120gm 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Lidocaine Page(s): 111, 112.

Decision rationale: The California MTUS Guidelines state that compounds are largely experimental in use with few randomized trials, recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The guidelines also note that there is no evidence to support the use of topical muscle relaxants. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder, as there is no evidence to support use. Additionally, no other commercially approved topical formulations of lidocaine whether creams lotions or gels are indicated for neuropathic pain. There is a lack of documentation demonstrating why the injured worker required topical medication as opposed to oral medication. Additionally, the request does not indicate the frequency at which the medication is prescribed as well as the site at which it is to be applied in order to determine the necessity of the medication. As such, the request for Topical Compound: Baclofen 2%, Cyclobenzaprine, Flurbiprofen 15%, Lidocaine 5%, Hyaluronic Acid 0.2 120gm 2 refills is not medically necessary.