

<b>Case Number:</b>	CM14-0168425		
<b>Date Assigned:</b>	10/16/2014	<b>Date of Injury:</b>	07/25/2013
<b>Decision Date:</b>	01/22/2015	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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 Rehab, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 33 year old male with a work injury dated 7/25/13 skill saw injury of the left middle finger. The diagnoses include status post partial amputation of the left middle finger distal phalanx; status post reported debridement and flap revision; Status post reported revision amputation. Under consideration are requests for 1 Unknown topical compound medication; 1 unknown oral medication. There is a panel qualified medical evaluation that after his injury he had surgery and provided him with medication. A second surgery was performed on 3/31/14 following which he notes that he lost extension at the DIP Joint. He did receive occupational therapy sessions which did benefit him. He was recommended to a plastic surgeon for additional surgery. describe an occasional pain in the left middle finger distal phalanx that is increased by ADL's and decreased by rest There IS no other pain In the digit There IS decreased sensation of the left middle fingertip. His medications include Norco, Gabapentin, and Diclofenac. No other pertinent orthopedic medications. On examination there was a partial amputation of the left middle finger distal phalanx. There was minimal swelling of the left middle finger. There was tenderness over the dorsum of the left middle finger at the DIP Joint and radially over the residual tip. The other portions of the left middle finger was contender. There was a bulbous distal tip of the left middle finger which was contender. There was a negative Tinel examination over the left median and ulnar nerves. There was active function of the FDS and FDP tendons. The middle finger range of motion, right/left, MP Joint extension +20/+20 and flexion 90/90, PIP Joint extension 0/0 and flexion 100/100, and DIP Joint extension 0/-40 and flexion 70/70 degrees The motor examination was 5/5 throughout the major muscle groups The Jamar grip strength, right/left, 115, 110, 94/40, 25, 30 pounds, second setting. Sensation was decreased to soft touch over the left middle finger distal phalanx but two points was intact and sensation testing was otherwise intact. There is a 6/17/14 report of

occupational illness that states that the patient will continue Voltaren, he was given a prescription for Norco; Topical creams to decrease use of oral prescription, and Gabapentin.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **1 Unknown topical compound medication: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 74, 111.

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

**Decision rationale:** 1 Unknown topical compound medication is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Without clear documentation or requests for specific ingredients in topical compounded medication the request for 1 unknown topical compound medication is not medically necessary.

#### **1 unknown oral medication: 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 Functional Restoration Approach to Chronic Pain Management Page(s): 7.

**Decision rationale:** 1 unknown oral medication is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that choice of pharmacotherapy must be based on the type of pain to be treated and there may be more than one pain mechanism involved. The physician should tailor medications and dosages to the individual taking into consideration patient-specific variables such as comorbidities, other medications, and allergies. The physician should be knowledgeable regarding prescribing information and adjust the dosing to the individual patient. Without clarification of the medication, dose, quantity the request for 1 unknown oral medication cannot be certified as medically necessary.