

Case Number:	CM14-0187925		
Date Assigned:	11/18/2014	Date of Injury:	03/16/2003
Decision Date:	01/06/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/11/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine 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:

The injured worker is a 47 year old female who was injured at work on 03/16/2003. She is reported to have returned for follow up after surgery and complained of recent a flare up of her left upper extremity symptoms, but she is unable to take oral anti-inflammatory medications because they give her gastrointestinal upset. The physical examination revealed mild tenderness of the first extensor compartment. The worker has been diagnosed of Left thumb CMC Joint revision arthroplasty, history of left cubital tunnel syndrome now improved, carpal tunnel syndrome, bilateral rotator cuff tear left, and bilateral shoulder tendinitis. Treatments have included surgery, Ibuprofen and Xanaflex. At dispute is the request for compound cream consisting of 3% Diclofenac, 2% Baclofen, 2% Cyclobenzaprine, 6% Gabapentin, and 2% tetracaine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Cream: 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 Page(s): 111-113.

Decision rationale: The injured worker sustained a work related injury on 03/16/2003. The medical records provided indicate the diagnosis of Left thumb CMC Joint revision arthroplasty, history of left cubital tunnel syndrome now improved, carpal tunnel syndrome, bilateral rotator cuff tear left, and bilateral shoulder tendinitis. Treatments have included surgery Ibuprofen and Zanaflex. The medical records provided for review do not indicate a medical necessity for of 3% Diclofenac, 2% Baclofen, 2% Cyclobenzaprine, 6% Gabapentin, and 2% tetracaine. Neither of 3% Diclofenac, 2% Baclofen, 2% Cyclobenzaprine, 6% Gabapentin, 2% tetracaine is a recommended topical Analgesic. Therefore, since the MTUS does not recommend the use of any compounded product that contains at least one drug (or drug class); the requested treatment is not medically necessary and appropriate.