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| Case Number: | CM14-0207528 | | |
| Date Assigned: | 12/19/2014 | Date of Injury: | 09/28/2010 |
| Decision Date: | 02/10/2015 | UR Denial Date: | 12/08/2014 |
| Priority: | Standard | Application Received: | 12/11/2014 |

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Georgia. 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 64 year old male present with a work related injury on 09/28/2010. On November 20, 2014 patient complained of right shoulder and upper extremity pain the pain was localized to the distal region. The patient has tried physical therapy and occupational therapy with benefit. The patient also received a repeat right stellate ganglion block on January 31, 2013 with up to 70% improvement of pain, function, range of motion, and strength. The patient's medications included tramadol 50 mg, omeprazole, and lidocaine patches. The physical exam was significant for mild tenderness to palpation over the right lateral aspect of the shoulder with destructive the range of motion, mild swelling over the dorsum of the right hand and mild allodynia, tenderness over the volar aspect of the Palm for wrist, grip strength is improved from last visit, some color changes distally, restricted range of motion by 25%, Lidoderm patches noted over the wrist region, and well-healed scar over the proximal triceps. The patient was diagnosed with status post right distal radius fracture and open reduction and internal fixation, right upper extremity complex regional pain syndrome, compensatory right shoulder bursitis/tendinitis, right wrist arthropathy and scapholunate ligament sprain as well as right hand flexor tenosynovitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dendracin Lotion # 120 ml KGL Cream #240 G trial: Upheld

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

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

Decision rationale: Dendracin Lotion # 120 ml KGL Cream #240 G trial is not medically necessary. According to California MTUS, 2009, chronic pain, page 111 California MTUS guidelines does not cover "topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended, is not recommended". Per CA MTUS page 111 states that topical analgesics such as Methyl Salicylate, is indicated for Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. It is also recommended for short-term use (4-12 weeks). Additionally, Per CA MTUS page 111 states that topical analgesics are "recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED)...Only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended. The claimant was not diagnosed with neuropathic pain and there is no documentation of physical findings or diagnostic imaging confirming the diagnosis; therefore, the compounded mixture is not medically necessary. The request was not specific as to what area the compound cream will be used. Additionally, there is little evidence to utilize topical NSAIDs and Menthol for treatment of pain associated with the spine, hip or shoulder; therefore compounded topical cream is not medically necessary.