

Case Number:	CM14-0042648		
Date Assigned:	06/20/2014	Date of Injury:	07/25/2011
Decision Date:	01/05/2015	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/14/2014

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 Tennessee. 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 40 year old male sustained work related industrial injuries on July 25, 2011. According to a progress report dated 1/28/14, the patient indicated that his pain was intermittent, moderate to severe, and localized to the dorsal aspect of his right hand in the area of the fifth metacarpal, worse with use and improved at rest. Objective findings: minimal swelling of right small finger, no other significant findings. Diagnostic impression: right fifth metacarpal neck fracture, status post plate removal and small finger tenolysis 1/9/13. Treatment to date: medication management, activity modification, surgeries, acupuncture. A UR decision dated 2/25/14 denied the request for topical cream. The medical records fail to document the contents of the topical cream and as such a specific determination cannot be made within CA MTUS recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Cream: 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 Topical Analgesics Page(s): 25,28,111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. However, in the present case, there is no documentation of the ingredients in the topical cream requested. As a result, the medical necessity of this request cannot be established. In addition, there is no documentation that this patient is unable to tolerate oral medications. Therefore, the request for Topical Cream was not medically necessary.