

Case Number:	CM15-0101934		
Date Assigned:	06/04/2015	Date of Injury:	05/14/2011
Decision Date:	07/08/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/27/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 35 year old female, who sustained an industrial injury on 5/14/2011. The current diagnoses are pain in joint involving forearm, peripheral neuropathy, and depression. According to the progress report dated 4/3/2015, the injured worker complains of constant, dull, achy pain in the left forearm, elbow, and fingers. The pain is rated 6/10 on a subjective pain scale. Additionally, she reports worsened right elbow pain. The current medications are Diclofenac, Gabapentin, Tramadol, Lorazepam, and Sertraline. Treatment to date has included medication management, physical therapy, TENS unit, injection, and cognitive behavioral therapy. The plan of care includes prescription for compound cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cream Flur 15 Percent/Bac 4 Percent/Ver 7 Percent/Tet 2 Percent #3: 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: Based on the 4/3/15 progress report provided by the treating physician, this patient presents with elbow pain, forearm pain, hand pain, and shoulder pain. The treater has asked for cream flur 15 percent/bac 4 percent/ver 7 percent/tet 2 percent #3 on 4/3/15. The requesting progress report dated 4/3/15 further specifies request: "able to increase function and pain by 50% during the time it works. This is to avoid increasing PO medications including opiates, as she has failed tramadol and current use of gabapentin only helps with part of her pain." The patient's diagnoses per request for authorization form dated 4/6/15 are other specified idiopathic peripheral neuropathy, pain in joint involving forearm, and peripheral neuropathy. The patient has increased pain in the wrist and 3-4 digits over the past month due to increased activity at home per 1/6/15 report. The patient states that wrists and fingers get "stuck" and are painful to move at times, and that this is a new problem that has occurred in the past month per 1/6/15 report. The patient is s/p 1 visit of physical therapy in August of 2014 with unspecified benefit per 1/6/15 report. The patient is s/p right tennis elbow surgery in 2009 and left tennis elbow surgery in 2010 per 4/3/15 report. The patient underwent a surgery removing a ligament from over the ulnar nerve, and a second surgery that from the scar appears to be a transposition per 1/6/15 report. After the second surgery, the patient reports having a spontaneous onset of numbness around the left shoulder with pain/stiffness that occurs when elevated per 1/6/15 report. The patient's work status is not included in the provided documentation. MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." The patient has been using an unspecified compounded cream sample on left hand and elbow with 60 percent relief that lasts two hours, and is able to do more activity with arms and hands per 4/3/15 report. The treater is requesting a compounded cream according to 4/3/15 report. MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical compound contains Baclofen which is not supported for topical use. Therefore, the request is not medically necessary.