

Case Number:	CM15-0105958		
Date Assigned:	06/10/2015	Date of Injury:	01/03/2015
Decision Date:	07/28/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	06/02/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 (IW) is a 53 year old male who sustained an industrial injury on 01/03/2015. He reported slicing the tip of the left middle finger. The injured worker was diagnosed as having an uncomplicated finger laceration. Treatment to date has included first aid followed by office visits for examinations and dressing changes, prophylactic antibiotics and pain medication. Currently, the injured worker complains of frequent moderate to sharp pains in the left middle finger radiating to the hand, forearm elbow and shoulder on the left. On examination there was no redness, drainage, crusting, ulceration or swelling, no itching and no bleeding. Exacerbating factors include direct pressure, movement, and dependent motion. There was no active bleeding, no drainage, and surrounding tissue was not erythematous and not fluctuant. On 03/09/2015, the worker was seen for left middle finger and right shoulder pain. The treatment plan included acupuncture treatments to left middle finger and right shoulder, Cyclo-Tramadol cream, Ibuprofen 800 mg, and a transcutaneous electrical nerve stimulation (TENS) unit. Requests for authorization were made for the following: 1. Ibuprofen 800mg #60 with 1 refill, and 2. Cyclotram cream #1 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg #60 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Ibuprofen Page(s): 67-68, 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-73.

Decision rationale: The claimant sustained a laceration injury to the left middle finger resulting in a soft tissue tip amputation in January 2015. He is now being treated for finger and right shoulder pain. When seen, there was right upper trapezius tenderness. Finkelstein's testing was positive on the left. There was discoloration and hypersensitivity of the left third finger. Oral NSAIDs (nonsteroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain. Recommended dosing of ibuprofen ranges from 1200 mg per day and should not exceed 3200 mg/day. In this case, the requested dosing is within guideline recommendations and is medically necessary.

Cyclotram cream #1 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113 Page(s): 60, 111-113.

Decision rationale: The claimant sustained a laceration injury to the left middle finger resulting in a soft tissue tip amputation in January 2015. He is now being treated for finger and right shoulder pain. When seen, there was right upper trapezius tenderness. Finkelstein's testing was positive on the left. There was discoloration and hypersensitivity of the left third finger. Cyclobenzaprine is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product and guidelines indicate that there is little to no research to support the use of compounded topical Tramadol. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time. This topical medication is not medically necessary.