

Case Number:	CM15-0144008		
Date Assigned:	08/04/2015	Date of Injury:	08/06/2014
Decision Date:	09/22/2015	UR Denial Date:	07/03/2015
Priority:	Standard	Application Received:	07/24/2015

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: Pennsylvania, Ohio, 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 (IW) is a 38-year-old male who sustained an industrial injury on 08/06/2014. He reported a door shutting on his right hand with great force. The injured worker returned to full duties and developed headaches, symptoms of depression, and anxiety and stress. The injured worker was diagnosed as having: Head pain. Healed laceration MCP (metacarpophalangeal). Flexion contracture of right small, ring, and index fingers. Status post crush injury to right hand with laceration with residual contracture of little, ring, and index fingers. Swan-neck deformities of the right small, ring, and long fingers. Rule out peripheral neuropathy. Depression, situational. Treatment to date has included physical therapy (20 sessions), oral and topical medications. Currently, the injured worker complains of headaches rated as 7 on a scale of 0-10 (an increase from 4 on a scale of 0-10 on his last visit), pain in the right hand rated as a 4 on a scale of 0-10 (an increase from 2-3 on a scale of 0-10 since last visit). On exam, there was a grade 2 tenderness to palpation which is unchanged since his last visit), and restricted range of motion. Treatment plan includes administration of topical and oral medications, monitoring for compliance on the opioid medication, and an additional physical therapy 2x6. A request for authorization was made for the following: 1. Flurbiprofen 20%/baclofen 5% /camphor 2%/menthol 2%/dexamethasone micro 0.2%/capsaicin 0.025%/hyaluronic acid 0.2% in cream base 180gm. 2. Tramadol (Ultram) 50mg #60. 3. 12 sessions of physical therapy. 4. One urine toxicology testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%/baclofen 5%/camphor 2%/menthol 2%/dexamethasone micro 0.2%/capsaicin 0.025%/ hyaluronic acid 0.2% in cream base 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications; Capsaicin, topical.

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

Decision rationale: MTUS recommends the use of compounded topical analgesics only if there is documentation of the specific proposed analgesic effect and how it will be useful for the specific therapeutic goal required. The records in this case do not provide such a rationale for this topical medication or its ingredients. Moreover, the same guideline specifically does not recommend baclofen for topical use. For these multiple reasons, this request is not medically necessary.

Tramadol (Ultram) 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): 78.

Decision rationale: MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall, for which ongoing opioid use is supported. Therefore, this request is not medically necessary.

12 sessions of physical therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.

One urine toxicology testing: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic): Urine drug testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: MTUS recommends urine drug testing as an option to assess for aberrant behavior. Given that Tramadol has been recommended for discontinuation, the patient is not being prescribed and remaining potential drugs of abuse for which urine drug screening would be indicated. Therefore, this request is not medically necessary.