

Case Number:	CM15-0144891		
Date Assigned:	08/05/2015	Date of Injury:	11/06/2014
Decision Date:	09/03/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/27/2015

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: Internal Medicine

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 39 year old female, who sustained an industrial injury on 11-06-2014. She has reported injury to the bilateral hands and fingers. The diagnoses have included bilateral hand sprain of the metacarpophalangeal joints, history of swelling; bilateral thumb sprain-strain, pain; bilateral wrist extensor tendinitis; depressive disorder; generalized anxiety disorder; and insomnia. Treatment to date has included medications, diagnostics, acupuncture, psychotherapy, and physical therapy. Medications have included Naproxen, Ibuprofen, Nabumetone, and Flurbiprofen cream. A progress note from the treating physician, dated 05-20-2015, documented a follow-up visit with the injured worker. The injured worker reported pain in the bilateral wrists-thumbs with weakness and swelling; the pain is rated at 4-5 out of 10 in intensity on the pain scale; she has had a cortisone injection with mild relief; she has had physical therapy and acupuncture session with mild relief; the medications are helping with pain; and she is working full duty. Objective findings included presents in mild distress; guarding of the bilateral wrists-hands; tenderness to palpation of the left and right dorsal wrist and volar wrist, and over the bilateral first dorsal compartments; pain with range of motion of the bilateral wrists; and sensation is intact on the left and the right. The treatment plan has included the request for Flurbiprofen 25% 45gr; and Ultraderm base 135gms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 25% 45gr: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain Page(s): 111.

Decision rationale: Topical analgesic applications are largely experimental and lack randomized controlled trials to support their use. They are applied locally to the painful area and used primarily for neuropathic pain after an adequate trial of anticonvulsant and antidepressant pain medications. They lack systemic side effects, drug toxicity, or the need to titrate dosing. They are often compounded from a variety of components and many of the individual meds have failed to show efficacy. If one of the included compounds is not recommended the entire analgesic cream is not recommended. The above patient is not experiencing neuropathic pain. Considering this, and the fact that topical medications are largely experimental the UR decision is upheld and therefore is not medically necessary.

Ultraderm Base 135gms: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up to date Topic 1730 and Version 33.0 and Topic 1730 and Version 10.0.

Decision rationale: Ultraderm cream is a topical emollient and is marketed as common products such as Aveeno, baby oil, Eucerin cream, and Vaseline. In clinical practice these creams are used for such diseases as atopic dermatitis and chronic irritant contact dermatitis in order to increase skin moisture. There is no indication in the above patient of the need for a skin moisturizer in order to benefit the patient. Therefore, the UR decision is upheld and therefore is not medically necessary.