

<b>Case Number:</b>	CM15-0184885		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	09/26/2006
<b>Decision Date:</b>	11/02/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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 is a 59 year old male, who sustained an industrial injury on 9-26-06. The injured worker was diagnosed as having lumbar spinal stenosis. Treatment to date has included physical therapy; status post right hand index-middle finger common digital nerve neurolysis; nerve wrapping (Axoguard protector); excision of right ulnar dorsal sensory nerve neuroma (7-14-15); medications. Currently, the PR-2 notes dated 8-31-15 is hand written and difficult to decipher. The note appears to document the injured worker has blood sugar of 113. The injured worker has a CPAP machine but the mask is loose. The treatment plan includes as request for a mask for CPAP machine and medication Metformin and ointment (no other description). Medical documentation submitted included the operative report documenting status post right hand index-middle finger common digital nerve neurolysis; nerve wrapping (Axoguard protector); excision of right ulnar dorsal sensory nerve neuroma on 7-14-15. There is no documentation regarding the description of the "ointment" requested. There are notes indicating Utilization Review attempted to call leaving a message on dated 9-4-15 for provider's office stating "Message with machine; LM unable to verify specific ointment. Unable to obtain WOO." Second attempted call: N-A. A Request for Authorization is dated 9-18-15. A Utilization Review letter is dated 9-11-15 and non-certification was for an Ointment but did certify the request for Metformin. A request for authorization has been received for an "Ointment".

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Ointment:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes (updated 09/10/15) Online Version.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction.

**Decision rationale:** The claimant sustained a work injury in September 2006 and is being treated for low back pain and right hand pain. He has a history of a traumatic right third finger amputation and has recurrent neuromas and had undergone multiple surgical procedures including on 07/14/15 where neuroma excision and neurolysis were done. When seen, ointment was requested. The claimant's BMI is over 35. Guidelines state that the medications and dosages should be tailored to the individual taking into consideration patient-specific variables such as comorbidities, other medications, and allergies. In this case, the actual medication being prescribed is not specified and therefore, as this request was submitted, is not medically necessary.