

Case Number:	CM15-0192444		
Date Assigned:	10/06/2015	Date of Injury:	09/19/2013
Decision Date:	11/13/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/30/2015

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: Family Practice

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 27 year old female who sustained an industrial injury September 19, 2013. Past history included excision of volar ganglion, right wrist, decompression of 1st dorsal compartment, right hand, extensor tendon tenosynovectomy, flexor tenosynovectomy and application of hand splint on July 29, 2015. Diagnoses are right hand-wrist pain; right hand-wrist overuse syndrome; right thumb traumatic ganglion emanating from trapeziometacarpal joint. According to an orthopedic surgeon's progress report dated September 9, 2015, the injured worker presented with reports of significant improvement in range of motion and diminishing pain. She has completed three sessions of physical therapy thus far. She describes slight soreness over the surgical scar and 1st DC (dorsal compartment) of the right wrist without numbness or tingling; surgical scar healing; positive Finkelstein's. Treatment plan included additional physical therapy and at issue, a request for authorization for Scar Cream. She takes an occasional ibuprofen 400mg for pain. According to utilization review dated September 14, 2015, the request for Scar Cream (Mometasone 0.1%, Ketotifen 0.5%, Tretinoin 0.05%, Pentoxifylline 1%, Sodium Hyaluronate 1%, Salicylic Acid 3%, Nifedipine 2% Tranilast 1%) 360g is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Scar Cream (Mometasone 0.1%, Ketotifen 0.5%, Tretinoin 0.05%, Pentoxityline 1%, Sodium Hyaluronate 1%, Salicylic Acid 3%, Nifedipine 2%, Tranilast 1%) 360g: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

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

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of topical analgesics as a treatment modality. These guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Further, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the medical records do not specifically state the intent of this topical cream. There are eight components that make up this compounded cream and the MTUS guidelines do not comment on any of these components. Further, there is no documented evidence that the intent of this compounded medication is to treat neuropathic pain. Given that none of the components are recognized by these above cited guidelines as recommended and there is no evidence that the intent of the cream is to treat neuropathic pain, the entire compounded cream is not medically necessary.