

Case Number:	CM15-0194194		
Date Assigned:	10/08/2015	Date of Injury:	02/01/2015
Decision Date:	11/19/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/02/2015

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: 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 is a 23 year old male who sustained an industrial injury on 2-1-15. The injured worker reported right wrist discomfort. A review of the medical records indicates that the injured worker is undergoing treatments for multiloculated traumatic dorsal ganglion cyst right wrist. Medical records dated 9-16-15 indicated "a sharp pain over the dorsal right wrist." Provider documentation dated 9-16-15 noted the work status as remaining off work until 9-30-15. Treatment has included status post right wrist dorsal ganglion excision (8-20-15), at least 2 sessions of physical therapy, Norco, Naproxen, and topical cream. Objective findings dated 9-16-15 were notable for right wrist with decreased range of motion and tenderness to palpation to the dorsal right wrist. The original utilization review (9-24-15) denied a request for Scar cream (Mometasone 0.1%, Tretinoin 0.05%, Pentoxifyline 1%, Sodium Hyaluronate 1%, Salicylic acid 3%, Nifedipine 2%, Trenilest 1%).

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%, Tretinoin 0.05%, Pentoxifyline 1%, Sodium Hyaluronate 1%, Salicylic acid 3%, Nifedipine 2%, Trenilest 1%): 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 patient presents with pain in the right wrist. The request is for Scar cream (Mometasone 0.1%, Tretinoin 0.05%, Pentoxifyline 1%, Sodium Hyaluronate 1%, Salicylic Acid 3%, Nifedipine 2%, Trenilest 1%). Patient is status post right wrist surgery, 08/20/15. Physical examination to the right wrist on 09/16/15 revealed tenderness to palpation over the surgical scar. Range of motion was noted to be decreased. Patient's treatments have included surgery, bracing, medication, and physical therapy. Per 09/17/15 Request For Authorization form, patient's diagnosis include multioculated traumatic dorsal ganglion cyst right wrist, and s/p right wrist dorsal ganglion excision, 08/20/2015. Patient's medications, per 07/01/15 progress report include Norco and Zofran. Per 09/16/15 progress report, patient is to remain off-work until 09/30/15. MTUS Chronic Pain Medical Treatment Guidelines 2009, page 111, Topical Analgesic section has the following: "Recommended as an option as indicated below. 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. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required." The treater has not specifically discussed this request. A prescription for Scar Away cream first appears in 09/16/15 progress report and it appears that the treater is initiating this medication. Patient is status post right wrist dorsal ganglion excision, 08/20/2015. This topical contains Mometasone, Tretinoin, Pentoxifyline, Sodium Hyaluronate, Salicylic Acid, Nifedipine, and Trenilest, which are not discussed in any of the guidelines for topical use. MTUS p111 states that if one of the ingredients is not indicated, then the entire compound is not indicated. No other guidelines support or discuss efficacy of scar away cream for management of operative scars either. The request is not medically necessary.