

Case Number:	CM15-0194827		
Date Assigned:	10/09/2015	Date of Injury:	05/23/2012
Decision Date:	11/18/2015	UR Denial Date:	09/02/2015
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, Indiana, New York
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 58 year old female who sustained an industrial injury on 5-23-12. The injured worker reported pain in the neck with radiation to the right shoulder. A review of the medical records indicates that the injured worker is undergoing treatments for subacromial bursitis, tendinitis of the elbow, carpal tunnel syndrome, and tendinitis of the wrist and myofascial pain. Medical records dated 8-13-15 indicate pain rated at 7 out of 10. Provider documentation dated 8-13-15 noted the work status as temporary totally disabled. Treatment has included Mobic, Analgesic Crème, Lyrica, and manual traction. Objective findings dated 8-13-15 were notable for tenderness to palpation to the carpal tunnel and extensor tendons of right wrist as well as the right extensor pollicis longus. Provider documentation dated 8-13-15 noted that the injured worker "gets fair relief with use of the creams." The original utilization review (9-2-15) denied a request for 1 Analgesic crème 10% Topical 85 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Analgesic crme 10% Topical 85 grams: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, one analgesic cream 10% topical #85 g is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnoses are subacromial bursitis; tendinitis and/or tenosynovitis elbow; carpal tunnel syndrome; tendinitis wrist; and myofascial pain. Date of injury is May 23, 2012. Request for authorization is August 31, 2015. According to an August 13, 2015 progress note, the treating provider refers to an analgesic cream to be applied for times a day. The ingredients of topical analgesic cream are not documented. The area to be treated is not documented. Additionally, there is no documentation of failed first-line treatment with antidepressants and anticonvulsants. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and no specific ingredients in the topical analgesic cream to be prescribed, one analgesic cream 10% topical #85 g is not medically necessary.