

Case Number:	CM15-0223901		
Date Assigned:	11/20/2015	Date of Injury:	06/13/2011
Decision Date:	12/30/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	11/13/2015

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: Emergency 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:

This is a 45-year-old male with a date of injury on 6-13-2011. A review of the medical records indicates that the injured worker is undergoing treatment for severe left hand pain, left upper extremity pain, complex regional pain syndrome (CRPS) I-II status post traumatic injury, status post amputation of left finger, nausea with severe pain and poor sleep hygiene due to pain. According to the progress report dated 10-6-2015, the injured worker complained of increased, shooting pain from his left middle finger all the way up his arm to his neck. He rated his average pain 4 out of 10 and his average functional level 3 out of 10. Quality of sleep was poor. On exam (10-6-2015), the injured worker complained of ongoing residual left hand-left upper extremity pain consistent with complex regional pain syndrome (CRPS). Treatment has included surgery, physical therapy, injections and medication. Current medications (10-6-2015) included Nucynta, Gralise, Celebrex, Linzess, Omeprazole, Zanaflex and Lidoderm cream. The request for authorization was dated 10-8-2015. The original Utilization Review (UR) (10-15-2015) non-certified a request for TN2 cream trial sample.

IMR ISSUES, DECISIONS AND RATIONALES

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

TN2 Cream Trial Sampled (Unknown Qty): 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 requested TN2 Cream Trial Sampled (Unknown Qty), is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has pain from his left middle finger all the way up his arm to his neck. He rated his average pain 4 out of 10 and his average functional level 3 out of 10. Quality of sleep was poor. On exam (10-6-2015), the injured worker complained of ongoing residual left hand-left upper extremity pain consistent with complex regional pain syndrome (CRPS). The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, TN2 Cream Trial Sampled (Unknown Qty) is not medically necessary.