

Case Number:	CM15-0047579		
Date Assigned:	03/19/2015	Date of Injury:	01/25/2008
Decision Date:	05/01/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/12/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 41 year old female, who sustained an industrial injury on 1/25/2008. She has reported injury to left wrist and left shoulder while carrying a box. The diagnoses have included left shoulder internal derangement, left elbow sprain/strain, and left wrist carpal tunnel syndrome. Treatment to date has included medication therapy and modified activity. Currently, the IW complains of left shoulder pain, left elbow pain, and left wrist pain associated with a burning sensation and muscle spasms. The physical examination from 10/1/2012 documented tenderness to palpation at the AC joint and over rotator cuff with decreased Range of Motion (ROM). There was positive Neer's impingement test and supraspinatus test. There was a positive cubital Tinel's test and Phalen's test to left elbow and wrist, also with tenderness and decreased ROM. The plan of care included electromyogram and nerve conduction studies to bilateral upper extremities and medication therapy to include topical Non-Steroidal Anti-Inflammatory Drugs (NSAIDs).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Diclofenac cream dispensed on 10/23/2012: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111); topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The topical analgesic contains diclofenac not recommended by MTUS as a topical analgesic. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. There is no documentation that the patient developed neuropathic pain. Therefore, the retrospective request for Diclofenac cream is not medically necessary.

Retrospective Menthol/Camphor.Capsaicin/Diclofenac cream dispensed on 10/23/2012:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111); topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The topical analgesic contains diclofenac not recommended by MTUS as a topical analgesic. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. There is no documentation that the patient developed neuropathic pain. Therefore, the retrospective request for Menthol/Camphor. Capsaicin/Diclofenac cream is not medically necessary.