

Case Number:	CM15-0062569		
Date Assigned:	04/08/2015	Date of Injury:	10/28/2008
Decision Date:	05/12/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/02/2015

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: New York, West Virginia, Pennsylvania
 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:

The injured worker is a 65 year old female who sustained a work related injury October 28, 2008. Past history included right carpal tunnel syndrome, kidney cancer, and hypertension. According to a primary treating physician's progress report, dated February 25, 2015, the injured worker presented with an onset of new symptoms in the right hand; numbness, weakness and paresthesias. She was administered a cortisone injection under fluoroscopy and ultrasound to the right hand CMC (carpometacarpal joints) joint this day. Assessment documented as wrist /hand carpal tunnel and tendinitis. Treatment plan included request for CYP-450 drug sensitivity test and trial prescription of transdermal anti-inflammatories and analgesics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oral, Transdermal anti-inflammatories and analgesics CL30 g, 30g, GAC30 g: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: Guidelines state topical agents are largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when anti-depressants and anticonvulsants have failed. Any compounded product that contains at least one drug that is not recommended is not recommended. In this case, the active ingredients in the transdermal medication requested were not specified. Therefore, transdermal anti-inflammatories and analgesics are not medically appropriate and necessary.