

Case Number:	CM15-0084853		
Date Assigned:	05/07/2015	Date of Injury:	01/09/2012
Decision Date:	06/12/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	05/04/2015

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: Massachusetts

Certification(s)/Specialty: Anesthesiology, Pain Management

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 56 year old female with an industrial injury dated 1/09/2012. The injured worker's diagnoses include biceps tendinitis, carpal tunnel syndrome, chronic pain syndrome, shoulder tendinitis, and depressive disorder. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 2/13/2015, the injured worker reported significant pain in the small joint of her hand which makes it difficult for her to hold objects. The injured worker reported that pain was improved 40- 50% with her current pain medications. Objective findings revealed moderate distress secondary to bilateral wrist and hand pain, tenderness to palpitation of the bilateral carpal tunnel, tissue swelling in the right hand and decreased hand grip strength. The treating physician prescribed analgesic (Trolamine Salicylate) 10% topical cream now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Analgesic (Trolamine Salicylate) 10% topical cream: 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 Topicals
Page(s): 111-113.

Decision rationale: According to the MTUS, there is little to no research to support the use of topical compounded creams. It also contains menthol, a non-recommended topical agent. 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. Topical analgesics are largely experimental and there are a few randomized controlled trials to determine efficacy or safety. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.