

Case Number:	CM15-0085439		
Date Assigned:	05/08/2015	Date of Injury:	05/01/2009
Decision Date:	06/19/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	05/05/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 05/01/2009. She reported difficulty making a fist, triggering fingers, numbness and tingling to the palm and the radial three digits, along with pain that traveled up the forearm but below the elbow. The injured worker was diagnosed as having bilateral carpal tunnel syndrome and bilateral trigger finger. Treatment and diagnostic studies to date has included laboratory studies, physical therapy, Toradol injection, use of braces, medication regimen, steroid injection to the left wrist, magnetic resonance imaging of the left hand, use of ice packs, and use of hot packs. In a progress note dated 03/13/2015 the treating physician reports complaints of continuous stabbing, throbbing, numbing pain to the hands and forearms that radiate to the forearms. The pain is exacerbated by repetitive movement and activities of daily living. The pain is rated a 7 to 8 out of 10 on the pain scale. The treating physician notes tenderness to the bilateral wrists, edema to the right wrist, and positive Finkelstein's, Phalen's, and Tinel's testing to the bilateral wrists. The injured worker is on multiple medications that are noted to alleviate the injured worker's symptoms by 30% which include Amitriptyline, Cyclobenzaprine, Gabapentin, Omeprazole, Tylenol ES, and Gabapentin 6%/Ketoprofen 20%/Lidocaine 6.15%. The treating physician requested Flurbiprofen 20%/Baclofen 10%/Dexamethasone Micro 0.2%/ Hyaluronic Acid 0.2% in a cream base as an addition to the injured worker's pain medication regimen as a general joint and musculoskeletal cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flubiprofen 20%, Baclofen 10%, Dexamethasone Micro 0.2%, Hyaluronic Acid 0.2% in Cream Base; apply a thin layer two to three times per day- 240 grams; no refills requested:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics.

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

Decision rationale: MTUS recommends the use of compounded topical analgesics only if there is documentation of the specific proposed analgesic effect and how it will be useful for the specific therapeutic goal required. The records in this case do not provide such a rationale for this topical medication or its ingredients. Additionally the component ingredient Baclofen is specifically not recommend in this guideline for topical use. For these multiple reasons this request is not medically necessary.