

Case Number:	CM14-0096644		
Date Assigned:	07/28/2014	Date of Injury:	01/07/2010
Decision Date:	09/30/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/24/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 38 year old female who had a work-related injury on 01/07/10. Mechanism of injury is not described. The injured worker stated she had surgery to the right wrist and was told her diagnoses was tendonitis. She also had a ganglion cyst on the left wrist and she was told it would require aspiration and if it did not improve it would require surgery. Present complaints are left wrist pain and swelling. The injured worker states that her pain is well controlled with medication. The injured worker denies any side effects at this time. Physical examination revealed the injured worker is no acute distress. The injured worker is well-developed, well nourished, alert and oriented, cooperative, overweight female. She has normal affect and a normal gait. No ecchymosis, no abrasions, and no lacerations in her wrists and hands. The injured worker has a well-healed surgical scar at the dorsal aspect of the ulnar carpal joint. The injured worker has tenderness to palpation of the bilateral wrist joints and carpal bones bilaterally. She has tenderness to palpation, mild inflammation of the left dorsal aspect of her hand. The injured worker has normal capillary refill. Range of motion of the bilateral wrist is limited secondary to pain. Positive carpal Tinel's on the right, Phalen's on the right and Finkelstein's on the right. Range of motion of the digits bilaterally is full. Diagnoses include cervical spine disc protrusions, mild spasms, right shoulder tendinosis, clinical DeQuervains tenosynovitis, right wrist tenosynovitis, left wrist ganglion versus synovial cysts, status-post right wrist surgery, adjustment disorder with mixed anxiety and depressed mood. Prior utilization review on 06/13/14 was non-certified. In review of the injured worker's chart, the injured worker has been on the Wellbutrin since 2013 and she is stable with her mixed anxiety and depressed mood while on that medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transdermal Compounds (Unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain: Compound Drugs; Colombo, 2006; Argoff, 2006; Wynn, 2011.

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

Decision rationale: The California Medical Treatment Utilization Schedule, the Official Disability Guidelines and United States Food and Drug Administration (US FDA) do not recommend the use of compounded medications as these medications are noted to be largely experimental in use with few randomized controlled trials to determine efficacy or safety. Further, the FDA requires that all components of a transdermal compounded medication be approved for transdermal use. Therefore the request is not medical necessary.

Bupropion XL 150 mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Bupropion (Wellbutrin) Page(s): 16. Decision based on Non-MTUS Citation Katz, 2005; Dworkin, 2007; Finnerup, 2005.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Antidepressants Page(s): 15.

Decision rationale: In review of the injured worker's chart, the injured worker has been on the Wellbutrin since 2013 and her mixed anxiety and depressed mood is stable while on this medication. Therefore the request is medical necessary.