

Case Number:	CM13-0031636		
Date Assigned:	12/04/2013	Date of Injury:	08/02/2012
Decision Date:	03/18/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 physician 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.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a male patient with a date of injury of 8/2/12. A utilization review determination dated 9/26/13 recommends non-certification of compound topical medication. A doctor's first report dated 9/19/13 identifies subjective complaints including right wrist and hand pain radiating into the forearm and elbow with tingling. Objective examination findings identify positive Tinel's sign at the elbow and positive elbow flexion test. Diagnoses include s/p right wrist arthroscopy with scapholunate ligament thermal shrinkage and TFCC debridement 12/5/12, s/p right forearm ulnar shortening osteotomy 6/19/13. Treatment plan recommends Ultracet and ketoprofen gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

15 days supply of compound topical medication (Lipoil Oil, Pulronic Gel F127, Dimethyl solution Sulfoxide, Ethoxy Liquid Digycol, Krisgel 100 Gel, Ethyl Alcohol Solution, Ketoprofen Powder): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: Regarding the request for 15 days supply of compound topical medication (Lipoil Oil, Pulronic Gel F127, Dimethyl solution Sulfoxide, Ethoxy Liquid Digycol, Krisgel 100 Gel, Ethyl Alcohol Solution, Ketoprofen Powder), the CA MTUS cites that topical NSAIDs

are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." That has not been documented. Additionally, topical ketoprofen is "not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis" per the CA MTUS. In light of the above issues, the currently requested 15 days supply of compound topical medication (Lipoil Oil, Pulronic Gel F127, Dimethyl solution Sulfoxide, Ethoxy Liquid Digycol, Krisgel 100 Gel, Ethyl Alcohol Solution, Ketoprofen Powder) is not medically necessary.