

Case Number:	CM14-0127884		
Date Assigned:	08/15/2014	Date of Injury:	06/20/2011
Decision Date:	10/14/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/11/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 32 years old female with an injury date on 06/20/2011. Based on the 07/22/2014 progress report provided by [REDACTED], the diagnosis is status post bilateral carpal tunnel release. According to this report, the patient complains of bilateral hand pain with numbness. Physical exam of the bilateral hand/wrist were with normal limits. The patient is status post right CTR in 2014 and left CTR in 2011. There were no other significant findings noted on this report. The utilization review denied the request on 07/30/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 02/18/2014 to 07/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Diclofenac 20% cream (DOS: 02/19/13): 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): 111-113.

Decision rationale: According to the 07/22/2014 report by [REDACTED] this patient presents with bilateral hand pain with numbness. The provider is requesting Diclofenac 20% cream but the

treating physician's report and request for authorization containing the request is not included in the file. Regarding Diclofenac cream, MTUS guidelines states "FDA-approved agents: Voltaren Gel 1% (Diclofenac): Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder." In this case, the patient does not meet the indication for the topical medication as she does not present with any osteoarthritis of the peripheral joints. Therefore, this request is not medically necessary.

Retrospective Dextromethorphan 20%, Tramadol 5%, Menthol 2%, Capsaicin 2% compound (DOS: 02/19/13): 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): 111-113.

Decision rationale: According to the 07/22/2014 report by [REDACTED] this patient presents with bilateral hand pain with numbness. The provider is requesting a Dextromethorphan 20% Tramadol 5%, Menthol 2%, Capsaicin 2% compound but the treating physician's report and request for authorization containing the request is not included in the file. Regarding topical creams in general, MTUS states "Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." "Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, Capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, α -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, γ agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents." MTUS then discusses various topicals with their indications. However, there is no discussion specific to Tramadol. Official Disability Guidelines do not discuss Tramadol topical either. Given the lack of the guidelines discussion and lack of evidence, this request is not medically necessary.