

Case Number:	CM14-0136866		
Date Assigned:	09/03/2014	Date of Injury:	10/11/2009
Decision Date:	10/06/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/25/2014

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 and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 51-year-old female was reportedly injured on 10/11/2009. After a thorough review of the medical records available, the mechanism of injury was not evident. The most recent progress note, dated 4/14/2014, was handwritten and indicated that there were ongoing complaints of left thumb pain. The physical examination demonstrated severe tenderness to left de Quervain's scar and along the dorsal compartment, tenderness and swelling to the thenar eminence, positive grind test of the first carpometacarpal (CMC) joint, and weak left grip. No recent diagnostic imaging studies available for review. Diagnoses were status post left de Quervain's release and left thumb CMC degenerative joint disease. Previous treatment included transdermal medications. A request had been made for transdermal medication: Bac2%/Cyclo 2%/Flurb 10%/Gaba 6%/Lido Cream (120 Grams), which was not certified in the pre-authorization process on 8/7/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transdermal Medication; Bac2%/Cyclo 2%/Flurb 10%/Gaba 6%/Lido 120 Grams Cream:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: MTUS Chronic Pain Guidelines state that topical analgesics are "largely experimental," and that "any compound product, that contains at least one drug (or drug class), that is not recommended is not recommended". Additionally, the guidelines state there is "no evidence to support the use of topical gabapentin and recommend against the addition of gabapentin to other agents." Therefore, the request for Transdermal Medication; Bac2%/Cyclo 2%/Flurb 10%/Gaba 6%/Lido 120 Grams Cream is not medically necessary.