

Case Number:	CM14-0092943		
Date Assigned:	07/25/2014	Date of Injury:	05/06/2013
Decision Date:	10/08/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/19/2014

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 and Pain Medicine, and is licensed to practice in Florida. 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 46 year old male who reported injury on 05/06/2013. The mechanism of injury was not provided. Diagnoses included right hand contusion, right hand tendonitis, right long finger trigger, right ring finger trigger, and right lateral elbow epicondylitis. The past treatments included acupuncture. A PET scan of the elbows, hands, and wrists, dated 05/15/2014, revealed an inflammatory process in the right elbow, otherwise normal, and the findings of the right hand were not comparative to the findings of reflex sympathetic dystrophy. The progress note dated 03/17/2014, noted the injured worker complained of pain, rated 8/10. The physical exam noted the right hand to be tender without swelling, and increased pain with flexion and extension. Medications included Ibuprofen and Tramadol. The treatment plan requested a referral to a hand specialist, and refill medications. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Compounds: 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

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

Decision rationale: The request for topical compounds is not medically necessary. The injured worker had unspecified pain. The California MTUS guidelines note topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. A recent assessment of the location and quality of the injured worker's pain was not documented. The submitted request does not indicate the type of topical medication, as well as the ingredients of the medication being requested. Additionally, the request does not indicate the frequency and dose at which the medication is prescribed, as well as the site at which it is to be applied in order to determine the necessity of the medication. Due to the lack of documentation of the quality and location of pain, and the lack of clarification of the requested medication, the use of a topical compound is not indicated at this time. Therefore, the request is not medically necessary.