

Case Number:	CM14-0215713		
Date Assigned:	01/05/2015	Date of Injury:	04/28/2013
Decision Date:	02/24/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 workjer (IW) is a 55-year-old woman with a date of injury of April 28, 2013. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are pain in joint, hand; and osteoarthritis, knee. Pursuant to the progress report dated November 18, 2014, the IW presents for a follow-up visit. The IW complains of bilateral hand pain. Objectively, the treating physician reports the IW is clinically unchanged. Post-traumatic bilateral CMC joint crepitation, swelling, and pain are noted. There is limited range of motion and decreased grip strength. Current medications include Zofran 8mg, Naproxen 500mg, Tramadol 50mg, and Prilosec 20mg. The treatment plan includes arthritis gloves and cortisone injections. There is no discussion or clinical rational by the requesting physician regarding anti-inflammatory and analgesic ointments in the medical record. The current request is for anti-inflammatory and analgesic ointments X 3 (unknown).

IMR ISSUES, DECISIONS AND RATIONALES

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

Anti-inflammatory and Analgesic ointments x 3 (unknown): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, NSAIDs Page(s): 111-112,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Pain Section, Topical analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, nonsteroidal anti-inflammatory ointment and analgesic ointment is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the brand of topical nonsteroidal anti-inflammatory ointment and analgesic ointment is not provided in the request for authorization. The injured worker's working diagnoses are pain in joint, hand; and osteoarthritis knee. The injured worker is taking Zofran, Naproxen, Tramadol, and Prilosec. The documentation in the medical record uses a category of nonsteroidal anti-inflammatory ointment and analgesic ointment. There are many different types of nonsteroidal anti-inflammatory ointments and analgesic ointments some of which are recommended and many of which are not recommended. Topical analgesics as a whole are largely experimental with few controlled trials to determine efficacy and safety. The specific nonsteroidal anti-inflammatory ointment and analgesic ointment needs to be identified prior to rendering medical necessity decision. Consequently, absent the specific nonsteroidal anti-inflammatory ointment and analgesic ointment based on the injured worker's presentation and clinical symptoms/signs, nonsteroidal anti-inflammatory ointment and analgesic ointment is not medically necessary.