

Case Number:	CM15-0122932		
Date Assigned:	07/14/2015	Date of Injury:	06/05/2009
Decision Date:	09/10/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/25/2015

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: New York

Certification(s)/Specialty: Pediatrics, 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 worker is a 36-year-old male, with a reported date of injury of 06/05/2009. The mechanism of injury was frequent lifting and carrying. The injury occurred following the movement of a refrigerator. The injured worker's symptoms at the time of the injury included right wrist pain. The diagnoses include status post right ulnar shortening osteotomy, right wrist TFC (triangular fibrocartilage complex) repair with common extensor tendonitis, and right ulnar neuritis. Treatments and evaluation to date have included oral medication, ulnar osteotomy, acupuncture therapy, occupational therapy, and topical pain medication. The diagnostic studies to date have included an MRI of the wrist, and electrodiagnostic studies of the right upper extremity, with normal findings. The supplemental orthopaedic report dated 05/14/2015 indicates that the injured worker reported a flare-up of right dorsal wrist aching pain and cramping following repetitive writing and data entry over the past few weeks. The physical examination showed trace tenderness to palpation about the dorsal capsule and extensors, minimally at the triangular fibrocartilage complex, increased mildly with resisted wrist and long finger extension, negative Shear test, unchanged range of motion about the wrist and fingers, negative Tinel's, and light touch sensation intact throughout. It was noted that one gram of topical compound Flurbiprofen 20%/Cyclobenzaprine 4%/Lidocaine 5% was applied to the right dorsal wrist, and a 30-gram sample was provided. There were no complications and the injured worker tolerated it well. The injured worker had tried multiple non-steroidal anti-inflammatory drugs (NSAIDs), and was concerned about the chronic oral medication usage. The injured worker's work status

was noted as permanent and stationary. The treating physician requested topical compound 120 grams with three refills for the right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Compound 120gm x 3 refills for the right wrist: 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: The CA MTUS Chronic Pain Guidelines indicate that topical analgesics are "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." They are "largely experimental in use with few randomized controlled trials to determine effectiveness or safety." The injured worker was diagnosed with right ulnar neuritis; however, there was no evidence of a trial of an antidepressant or anticonvulsant as first-line therapy. The treating physician's request did not include the name of the topical compound, concentration, or directions for use. As such, the prescription is not sufficient and not medically necessary.