

Case Number:	CM15-0068538		
Date Assigned:	04/16/2015	Date of Injury:	12/13/2013
Decision Date:	05/15/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/10/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 43 year old male, who sustained an industrial injury on 12/13/2013. He reported catching his right fourth finger in a drill. Diagnoses have included Reflex Sympathetic Dystrophy of the right upper extremity and history of fractured right fourth finger. Treatment to date has included physical therapy and medication. According to the progress report dated 2/16/2015, the injured worker complained of aching pain in the right wrist and in the second through fourth fingers. He reported that pain levels were 8/10 before medication and 3/10 with medication. Exam of the right hand revealed tenderness of the third and fourth fingers. Grasp was decreased. Authorization was requested for one (1) prescription of compound neuropathic cream to include 3% amantadine, 3% carbamazepine, 4% DMSO, 4% doxepin, 5% guaifenesin, 3% pentoxifylline and 0.5% piroxicam #120gm and one hot wax dispenser with mitts and wax.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of compound neuropathic cream to include 3% amantadine, 3% carbamazepine, 4% DMSO, 4% doxepin, 5% guaifenesin, 3% pentoxifylline and 0.5% piroxicam #120gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of anti-depressants and anti-convulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical anti-epileptics are not recommended due to lack of clinical evidence. The use of 3% amantadine, 3% carbamazepine, 4% DMSO, 4% doxepin, 5% guaifenesin, 3% pentoxifylline and 0.5% piroxicam #120gm contains a topical anti-epileptic, therefore the use of the compound above is not medically necessary for RSD or finger pain.

One (1) hot wax dispenser with mitts and wax: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand (Acute & Chronic) (Not including "Carpal Tunnel Syndrome").

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- hand chapter and wax pg 26.

Decision rationale: According to the guidelines, wax baths and treatment are recommended as an option for arthritic hands. In this case, there was no mention of arthritis. The claimant had RSD and a fractured finger. In addition, the claimant had been on opioids, NSAIDs, acupuncture and Gabapentin. The use of wax and dispenser/mitts is not medically necessary.