

Case Number:	CM15-0073041		
Date Assigned:	04/23/2015	Date of Injury:	06/07/2008
Decision Date:	05/20/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/16/2015

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: Internal Medicine, Pulmonary Disease

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 52 year old male, who sustained an industrial injury on June 7, 2008. He reported bilateral wrist and hand pain, right knee and ankle pain and low back pain. The injured worker was diagnosed as having, chronic lumbar pain, lumbar radiculopathy, right knee and ankle tendinosis status post left carpal tunnel release, left De Quervain's , positive left 1st dorsal compartment and major depressive disorder. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the left wrist/hand, conservative care, medications and work restrictions. Currently, the injured worker complains of bilateral wrist and hand pain and chronic low back pain, decreased grip strength and range of motion and depression. The injured worker reported an industrial injury in 2008, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on September 26, 2014, revealed continued severe pain as noted. Topical pain medications were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 25%/Menthol 10%/Cam 3%/Cap 0.375% ultraderm cream: 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), Pain Chapter.

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

Decision rationale: The patient is a 52 year old male with an injury on 06/07/2008. He complained of wrist, hand, knee, ankle and back pain. MTUS, chronic pain guidelines for topical analgesics note that if an active ingredient is not recommended than the entire compound medication is not recommended. The requested compound topical analgesic contains 10% Menthol which is not recommended; thus the requested medication in not medically necessary.