

Case Number:	CM15-0073247		
Date Assigned:	04/23/2015	Date of Injury:	02/01/2014
Decision Date:	05/20/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/17/2015

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, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 51 year old female, who sustained an industrial injury on February 1, 2014. She reported right and left upper extremity pain. The injured worker was diagnosed as having reflex sympathetic dystrophy of the upper limb and right wrist carpal tunnel syndrome. Treatment to date has included diagnostic studies, physical therapy, surgical intervention of the right upper extremity, medications and work restrictions. Currently, the injured worker complains of right and left upper extremity pain with associated weakness, tingling and numbness as well as depression, anxiety and insomnia. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on April 16, 2015, revealed continued pain. Topical medications were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dendracin topical analgesic cream #3 per 02/19/2015 order: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 18.

Decision rationale: Guidelines state that topical analgesics are largely experimental and primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In this case, there is no documentation that there has been failure of first line therapy. The request for Dendracin topical analgesic cream #3 is not medically necessary and appropriate.