

<b>Case Number:</b>	CM15-0074553		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	08/06/2007
<b>Decision Date:</b>	06/02/2015	<b>UR Denial Date:</b>	04/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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 64 year old male, who sustained an industrial injury on 8/6/2007. The current diagnoses are right carpal tunnel, right ulnar tunnel, right ulnar neuropathy, and status post right endoscopic carpal tunnel release. According to the progress report dated 1/26/2015, the injured worker complains of persistent pain and tingling sensation and allodynia on the 4th and 5th digit (ulnar distribution) of the right hand. The pain is rated 7/10 on a subjective pain scale. The current medications are Tramadol, Cymbalta, and Gabapentin. Treatment to date has included medication management and surgical intervention. The plan of care includes medi-patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medi-patches #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**Decision rationale:** Guidelines state that topical medications are largely experiment but may be indicated after failure of antiepileptic agents and antidepressants. In this case, the medical records do not indicate failure of trials of antidepressants or anticonvulsants. The request for Medi-Patches #30 is not medically appropriate and necessary.