

Case Number:	CM15-0094530		
Date Assigned:	05/21/2015	Date of Injury:	09/08/2014
Decision Date:	06/25/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/15/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 32-year-old female, who sustained an industrial injury on 9/8/14. She reported initial complaints of repetitive type wrist injury. The injured worker was diagnosed as having bilateral carpal tunnel syndrome; repetitive strain injury; left medial epicondylitis. Treatment to date has included physical therapy; braces; left wrist/hand cortisone injection (4/9/15); right wrist/hand cortisone injection (11/12/14 and 4/30/15); medications. Currently, the PR-2 notes dated 4/9/15 indicated the injured worker complains of bilateral elbow, hand and wrist pain. She has a significant history of bilateral upper extremity complaints and notes that she developed an aching sensation into the right wrist with tightness and swelling which radiated down to her fingertips. She has had a nerve conduction test, which apparently was negative for carpal tunnel syndrome. She has had previous cortisone injections to the right elbow with no changes and had a cortisone injection to the potentially right-hand carpal tunnel for which her symptoms had improved and the burning sensation resolved. For approximately 4-5 months. These symptoms have returned. Now she has developed left upper extremity like symptoms. She is wearing wrist braces however, during the day, it is noted that they increase her symptoms. The physical examination is documented as cervical spine with full range of motion to include the bilateral shoulders. Her elbow range of motion is full and symmetric; extension/flexion is 0-145 degrees. Wrist range of motion right compared to left extension 77/75, flexion 70/75. There is a negative examination of bilateral wrists to shake; Finkelstein's and CMC grind; negative Tinel's to the cubital tunnel and positive to bilateral carpal tunnel. There is a negative Phalen, Froment, Wartenberg and cross-finger maneuver documented. A left hand carpal tunnel cortisone injection was administered on this date. The provider is requesting Compound cream CL 30 grams and is anticipating surgery for a Right carpal tunnel release followed by a left carpal tunnel release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound cream CL 30 grams: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Per the 04/30/15 report, the requesting physician states the patient presents for follow up with a significant history of bilateral hand carpal tunnel syndrome with repetitive strain injury. The current request is for compound cream cl 30 grams. The RFA is not included; however, the 05/07/15 utilization review states it is dated 04/30/15. The reports do not state if the patient is currently working. The MTUS has the following regarding topical creams (p111, chronic pain section): "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The 04/30/15 and 04/09/15 reports state that the burning and aching in the patient's hand has significantly improved through the use of the compound cream which is to be applied to the bilateral forearms to help with alleviation of muscle spasms. It is unclear from the reports provided for review and online research what drugs or drug classes are contained in the requested compound cream. Therefore, it is difficult to determine whether or not they are recommended by guidelines. Furthermore, there is little research to support the use of topical creams. In this case, the request is not medically necessary.