MAXIMUS Federal Services

Case Number:	CM15-0097877		
Date Assigned:	05/29/2015	Date of Injury:	09/13/2011
Decision Date:	06/29/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/21/2015

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: Texas, Florida, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 (IW) is a 58-year-old female who sustained an industrial injury on 09/13/2011. She reported injury to multiple body parts. The injured worker was diagnosed as having wrist sprain and strain, carpal tunnel syndrome, open fracture of hamate (uniform) bone of wrist, pain in joint, pelvic region and thigh, sprain and strain of carpometacarpal (joint) of hand, and sprains and strains of wrist and hand. Treatment to date has included arthroscopic surgery (12/19/2014) on the right wrist followed by physical therapy with restrictions on typing and repetative work. Anaprox is taken for pain and topical creams are applied to the right hip and to the right wrist. Currently, the injured worker states movement is improving but she still has slight pain, the physical therapy is helping. She is taking Ibuprofen. On exam, the wrist has slight edema and a "dark scar" and is slightly tender. The plan of care includes continuing physical therapy and prescribing a topical analgesic medication. A request for authorization is made for: Collagenase350U + Fluticasone 1% + Pentoxlfyline 1% + Tranllast 1% - Levocetririzine1% Gel

IMR ISSUES, DECISIONS AND RATIONALES

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

Collagenase350U + Flucticasone 1% + Pentoxlfyline 1% + Tranllast 1% - Levocetririzine1% Gel: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111 of 127.

Decision rationale: Per the Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 111 of 127, the MTUS notes topical analgesic compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Experimental treatments should not be used for claimant medical care. MTUS notes they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, but in this case, it is not clear what primary medicines had been tried and failed. In addition, 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 certifiable. This compounded medicine contains several medicines untested in the peer review literature for effectiveness of use topically. Moreover, the MTUS notes that the use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The provider did not describe each of the agents, and how they would be useful in this claimant's case for specific goals. The request is appropriately not medically necessary.