

<b>Case Number:</b>	CM13-0016085		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	01/26/2012
<b>Decision Date:</b>	01/31/2014	<b>UR Denial Date:</b>	08/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/23/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient sustained a work related injury that occurred between November 9, 2009 and January 26 2012. According to the note of July 30 2013, the patient reported severe burning and throbbing neck pain with numbness. The pain intensity is between 8/10 to 10/10. Her physical examination showed normal neurological examination, right shoulder muscular pain with positive impingement sign. Her MRI of the C spine was negative for a disc disease. The patient failed long courses of conservative therapies. She was diagnosed with cervical sprain and right shoulder impingement. The provider is requesting authorization to use right side cervical facet block and transdermal cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right side Cervical Facet Block C4-5 and C5-6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 5. Decision based on Non-MTUS Citation Official Disability Guidelines Neck and Upper Back section

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

**Decision rationale:** According to the ACOEM Guidelines, facet injections have not proven benefits in treating acute neck and upper back symptoms. The ACOEM Guidelines do not recommend facet injections as a treatment for neck pain. Therefore, the request for a right side cervical facet block at C4-5 and C5-6 is not medically necessary and appropriate.

**Transdermal compounding cream:** 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.

**Decision rationale:** According to the MTUS Chronic Pain Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to the MTUS Chronic Pain Guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The provider is requesting authorization to use a transdermal compounding cream, however there is no information about the drugs used in this cream. Therefore, the request for transdermal compounding cream is not medically necessary and appropriate.