

Case Number:	CM13-0028273		
Date Assigned:	12/27/2013	Date of Injury:	08/03/2007
Decision Date:	03/04/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/23/2013

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 Pain Management, has a subspecialty in Disability Evaluation, and is licensed to practice in California, Maryland, Florida, and Washington, DC. 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:

The patient is a 51-year-old who has a reported date of injury of 08/03/07. The patient states that she was injured while working for [REDACTED] when a metal chair fell off a rack onto her head. She had no loss of consciousness, but significant neck injury. She was able to return to work with conservative care. When cervical traction was attempted, it created migraine headaches. The migraine headaches were debilitating her from work. She reported having a cervical fusion by [REDACTED] in December 2009. She returned to work around March 2010. [REDACTED] states the fusion was not healing as he had hoped. In August 2010, a box fell off a rack onto her head. [REDACTED] redid her anterior cervical fusion from December 2009 with a posterior approach on 2/15/11. The patient received a QME evaluation by a neurosurgeon. He found her to be at maximum medical improvement and released her back to her usual and customary duties. Since then, her symptoms of cervical radiculopathy have increased. She complained of her hands periodically going numb. She also complained that her feet occasionally went numb if she tilted her head too far back. An MRI of her cervical spine indicated that her spinal cord was pinched by two separate discs. She has an authorization for an evaluation by a neurosurgeon in [REDACTED]. Physical therapy has been requested but was denied. The patient still complains and is quite concerned over her continued symptoms of cervical radiculopathy. Her feet start to go numb when she looks upward. Her hands intermittently go numb without any positional aggravation of her neck. On the CPCI profile, the patient gave evidence of making good effort towards several adaptive cognitive behavioral coping skills for pain management. There included exercise, stretching, relaxation response, task persistence and pacing appropriate to her physical condition. The most recent note is dated 08/22/13. Patient presents with a history of neck and arm pain. She has a history of neck surgery

in 2009 and 2011. The provider documents "0/0" of pain relief reported by the patient. On a scale the patient reports worst pain was "over 10". She has had poor pain control "like not using any medication at all". She was to start Butrans and oxycodone IR at around 45mg per day. This was again reported as like taking nothing by the patient. There are no reported side effects, just no relief. The provider would like to work with the suggested regimen a little more as the patient has a high tolerance to opioids and develops tolerance rapidly. The plan is to progress the Butrans patch to 10 mcg for one week and if no relief use a 20mcg patch starting the following week. The amount of oxycodone IR is to be doubled to 15mg up to 6 tablets daily (was three per day). Compounded creams are also requested, but not specified. She is to return in four weeks. No aberrant behavior was indicated. On examination there is no motor or sensory deficits noted. The patient was started on suboxone per an 07/25/13 note and has not tolerated it well. There are headaches, nausea, and fatigue. Her functional level had decreased. She is not a surgical candidate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound medications cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section Page(s): 110-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -TWC-Pain (Chronic) Chapter, Topical Analgesics Section.

Decision rationale: The Physician Reviewer's decision rationale: Compound Topical Analgesic was mentioned without specification as to which one. Therefore the request for compound topical analgesics is not medically necessary since they are recommended as a second line treatment for neuropathic pain after documentation of the first line agents such as antidepressants/anti-epileptics. The request for compound medications cream is not medically necessary or appropriate.