

Case Number:	CM13-0062793		
Date Assigned:	12/30/2013	Date of Injury:	09/20/2010
Decision Date:	07/10/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/09/2013

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. The expert reviewer is Board Certified in Internal 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 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/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 injured worker is a 50-year-old female who reported an injury on 09/20/2010. The mechanism of injury was not provided. In the clinical note dated 09/25/2013, the injured worker reported persistent neck pain. She indicated the pain was significantly improved subsequent to the surgery, but the pain had reoccurred. It was noted that she had residual left side symptomatology and bilateral shoulder and back pain. The examination of the cervical spine noted tenderness at the cervical paravertebral muscles and upper trapezial muscles, as well as spasm and limited range of motion. The physical examination of the bilateral shoulders revealed tenderness anteriorly with a positive impingement sign. The physical examination of the lumbar spine revealed tenderness at the paravertebral muscles and a positive seated nerve root test. The diagnoses included status post C4-6 anterior cervical discectomy and fusion, status post left shoulder surgery x2, and bilateral shoulder internal derangement. The treatment plan included the continuation of prescribed medication, gentle range of motion exercises, and to hold off on a dental procedure since she was status post cervical spine surgery. X-rays of the cervical spine and a return to the clinic in 4 weeks were also requested. The injured worker's work status was documented as temporarily totally disabled. The request for authorization form for medical-compound with rationale was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDICATION - COMPOUND: 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: The request for medication-compound is non-certified. The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In the clinical documentation provided for review, there is a lack of documentation regarding the rationale and specific medication compound requested. There is also a lack of documentation regarding the injured worker's pain level status and prescribed pain medications. Furthermore, the request for medical-compound is vague and does not indicate what components the medication is comprised of. The rationale for the request was not indicated within the medical records. Additionally, the site at which the medication is to be applied is not provided. Therefore, the request for medical-compound is not medically necessary.