

Case Number:	CM14-0000603		
Date Assigned:	01/10/2014	Date of Injury:	06/06/2010
Decision Date:	04/22/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/02/2014

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 Occupational 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 patient is a 55 year old female who was injured on 06/06/2010 while she developed the gradual onset of pain in her upper extremities involving the shoulders, elbows, wrists and hands while required to perform her usual and customary duties as a packer. The patient could no longer stand the pain in her upper extremities and reported her injury to her supervisor. Prior treatment history has included x-rays, physical therapy and medication prescribed in the form of ibuprofen. Patient underwent a release of sixth dorsal compartment and debridement of triangular fibrocartilage of the left wrist on 12/26/2012. The patient underwent selective catheterization, C5-C7 epidural space with infusion port, myelogram of cervical epidural space and infusion of local anesthetic and corticosteroid on 10/18/2013. Diagnostic studies reviewed include: MRI of the cervical spine dated 04/30/2013: There is loss of height of the C6 vertebral body but no edema to suggest an acute process. This may represent a chronic compression fracture or degenerative change. At C4-C5 there is a 2mm disc bulge. At C5-C6 and C6-C7 there are 3 mm disc bulges with accompanying osteophyte and bilateral foraminal narrowing. Incidental note is made of a 2-3 mm disc bulge at T5-T6. The cervical spinal cord demonstrates normal signal intensity and caliber. Electrodiagnostic study dated 05/01/2013 with the following impression: 1. Electroneurographic findings are indicative of moderate bilateral carpal tunnel syndrome. 2. Electroneurographic indicators of ulnar neuropathy were not seen. 3. Electromyographic indicators of acute cervical radiculopathy were not seen. Medication Summary Report for dates 03/29/2013, 05/02/2013, 7/22/2013, 08/19/2013, 10/03/2013, 11/07/2013, all with inconsistent result-Prescribed medication: Not detected. Initial Pain Management Evaluation dated 09/23/2013 documented the patient to have complaints of frequent neck pain with radiation to the bilateral shoulders and also pain radiates to the bilateral upper extremities to the level of the elbow, wrist, hand, and fingers. The patient reports

numbness in the bilateral upper extremities to the level of arm, wrist, hand, and fingers. The patient has motor weakness in bilateral upper extremities. The patient's neck pain is associated with occipital headaches. The patient describes the pain as an aching and stabbing pain that is moderate in severity. The current pain scale is 10/10. The pain is aggravated by pushing, pulling, repetitive head motions and rotation. Objective findings on exam included height 5'3, weight 157 and the patient is right hand dominant. Heart rate 63. Blood pressure 118/82. Skin reveals no rashes, echymosis or open lesions. Examination of the cervical spine reveals no gross abnormality. There is noted spasm in the bilateral trapezius muscle and bilateral paraspinal muscle at C5-C7 level. There is tenderness along the bilateral trapezius muscle. Spinal vertebral tenderness bilaterally was noted in the cervical spine at the C5-C7 level. Tenderness on the bilateral occipital area was noted upon palpation. Myofascial trigger points are noted in the bilateral trapezius and bilateral levator scapulae muscles. Brachioradialis deep tendon reflexes are decreased bilaterally. Motor exam shows decreased strength of the flexor and extensor muscles in the bilateral upper extremities along the C5-C7 dermatome. Sensory exam showed decreased touch in the upper extremity along the C5-C7 dermatome. Grip strength testing with Jamar Hand Dynamometer was right (60, 58 and 58) and left (50, 40 and 38). Spurling's test was positive bilaterally. Progress Note dated 10/28/2013 documented the patient with complaints of neck pain that radiates to bilateral upper extremities to the level of hand. The patient reports having headaches. The pain level of decreased with average pain level of 6/10 with medications and 9/10 without medications. Objective findings on exam revealed the patient was observed to be in moderate distress. The range of motion of the cervical spine revealed moderate reduction secondary to pain. Spinal vertebral tenderness was noted in the cervical spine at the C4-C& level. Cervical myofascial tenderness was noted on palpation. Progress Note dated 11/25/2013 documented the patient with complaints of neck pain that radiates to the left in the upper extremities that radiates bilaterally and upper extremity pain bilaterally in the arms. The patient's pain is rated as 7/10 in intensity with medications and 8/10 without medications. The patient's pain is unchanged since her last visit. Objective findings on exam revealed the patient was observed to be in moderate distress. Examination of the cervical spine revealed tenderness was noted in C4-7. The range of motion of the cervical spine was moderately limited due to pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

THE DECISION FOR [REDACTED]: METH/CAMP, CAP/HYALOR ACID: 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, Page(s): 111.

Decision rationale: Compounded topical medications including hyaluronic acid and menthol have no evidence of support of neck pain with radicular symptoms. The CA MTUS/ODG guidelines do not recommend compounded medications if there are at least 1 medication that is not FDA approved then there is no support in the medical literature for this topical compounded medication. In addition there is no report indicating patient has had any progress in objective functional improvement. Based upon the lack of medical improvement an AME including a psychological/spine specialist AME would be recommended.

THE DECISION FOR GABAPENTIN IN CAPSACIN SOLUTION WITH 4 REFILLS:

Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Gabapentin: Not recommended. There is no peer-reviewed literature to support use.

Decision rationale: Again the compounded topical medications all fall into the class where "The CA MTUS/ODG guidelines do not recommend compounded medications if there are at least 1 medication that is not FDA approved then there is no support in the medical literature for this topical compounded medication." Gabapentin is not recommended topically as there is no support in the literature and it is not FDA approved. Therefore the request is not medically necessary.

