

Case Number:	CM14-0019206		
Date Assigned:	04/21/2014	Date of Injury:	01/14/2011
Decision Date:	07/02/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/14/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 61 year old female who reported an injury on 01/14/2011. Per the operative report dated 11/18/2013 the injured worker underwent placement of a percutaneous peripheral nerve stimulator. Diagnoses for the injured worker included chronic pain syndrome and reflex sympathetic dystrophy, upper limb, CRPS type 1. Per the clinical note dated 12/16/2013 the injured worker reported moderate reduction in her neck and shoulder pain with the stimulator but was still using some oral pain medication. Per the operative report dated 08/12/2013 the injured worker underwent placement of a percutaneous peripheral nerve stimulator. The request for authorization for medical treatment was not provided in the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO: CYCLO, GABA FOR THE LEFT WRIST AND LEFT SHOULDER; 12/16/13:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

Decision rationale: Per CA MTUS Guidelines topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is little to no research to support the use of many of these agents. Gabapentin is not recommended as a topical. There is no evidence for use of any other muscle relaxant, cyclobenzaprine, as a topical product. Therefore the request is not medically necessary.