

Case Number:	CM14-0152107		
Date Assigned:	09/22/2014	Date of Injury:	10/19/2012
Decision Date:	11/12/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/18/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 28-year-old female who reported an injury on 10/19/2012. The mechanism of injury was not provided. The injured worker's diagnoses included cervical radiculopathy and post-traumatic thoracic outlet syndrome. The injured worker's past treatments included physical therapy, decompression of the right ulnar nerve, and medications. Her diagnostic testing included a soft tissue ultrasound of the brachial plexus bilaterally on 09/11/2013, which was noted to reveal a severe fibrosis of the scalenus anterior muscle causing compression of the right brachial plexus. The power Doppler test also demonstrated a significant reduction of the blood flow within the right subclavian artery with elevation of the right arm. The injured worker's surgical history included a right ulnar nerve release in 11/2013. On 07/08/2014, the injured worker was seen for a neurosurgical re-examination. The injured worker complained of severe pain in the right side of the neck that radiated into the right shoulder blade down to the right hand that has been associated with weakness and numbness sensation of the right hand. She reported that following the decompression of the right ulnar nerve, there has been improvement in strength of the right hand. Upon neurological examination, the injured worker was noted with strength of 3+/5 with the right finger flexors and intrinsic muscles of the right hand. There was sensory loss to light touch, pinprick and 2 point discrimination in the right 3rd, 4th, and the 5th fingers. She was noted to have a positive Tinel's sign in the region of the right brachial plexus. There was severe muscle spasm of the right trapezius muscle. The injured worker's medications were not included in the documentation. The request was for a prescription drug that was not specified. The rationale for the request was not provided. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription Drug, Generic: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Creams Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

Decision rationale: 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. Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. These compounded agents require knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The injured worker was noted to have severe pain in the right side of the neck that radiated into the right shoulder blade down to the right hand. The documentation did not provide evidence of complete and thorough pain assessment to include a quantified current pain, the least reported pain over the period since last assessment, intensity of pain after taking the medication and how long pain relief lasts. The documentation did provide evidence of neurological deficits, however, there was no significant objective functional status documented to include the ability to perform activities of daily living. The documentation did not specify what prescription drug is being requested. In the absence of a complete and thorough pain evaluation, significant objective functional deficits and the specific prescription drug being requested, the request is not supported. Additionally, as the request was written, there was no frequency provided. Therefore, the request is not medically necessary.