

Case Number:	CM14-0172808		
Date Assigned:	10/23/2014	Date of Injury:	05/23/2009
Decision Date:	12/02/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/20/2014

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 Neurology, 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:

9/15/14 note indicates pain in the neck, shoulder, and right upper extremity. Physical therapy and aqua therapy is helpful. The pain is described as stabbing with numbness in the right upper extremity. The pain is helped by medication, heat, ice and physical therapy. Examination notes 5-/5 strength in the right upper extremity. Sensation is decreased over the right upper extremity. Spurling's sign is negative. There is tenderness and reduced range of motion. Pain is helped by norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 3 Topical Compound Creams 120gm 3 refills, as an outpatient for submitted diagnosis of Chronic Pain Syndrome, Brachial Neuritis, Cervicalgia: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topicals Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: ODG guidelines support that topical pain preparations are "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical records provided for review indicate a pain condition related to

neurological condition but does not detail previous trials of antidepressants or anticonvulsants tried and failed or demonstrated to be intolerant. As such the medication records do not support the use of topical compound cream at this time as medically necessary.