

Case Number:	CM14-0021541		
Date Assigned:	06/13/2014	Date of Injury:	03/26/2011
Decision Date:	08/14/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	02/20/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Alabama, New York and Maryland. 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 63 year old female who was injured on 03/26/2011. She sustained an injury when she a door slammed on her left arm, using her elbow to block the door from hitting her head. She felt immediate pain and tingling sensation to her entire left arm. The patient underwent left shoulder subacromial impingement on 11/29/2013. She has taken Fioricet and Norco in the past. Consult note dated 09/17/2013 states the patient complained of left shoulder pain which she rated as an 8/10. The pain is described as stiff, throbbing, and burning up the trapezius with swelling and numbness. She complains of thoracic outlet syndrome on the left side with numbness and tingling radiating down the arm, into the hand and middle finger with cutting and twitching. On exam, there is moderate paraspinous muscle tenderness and spasm extending to the left trapezius. Range of motion of the cervical spine is decreased on left lateral rotation at 60 degrees and 20 degrees bilateral in flexion and extension. Range of motion of the left shoulder is decreased in abduction to 120 degrees; forward flexion to 170 degrees; internal rotation to 70 degrees; external rotation to 50 degrees; crossed shoulder to 50 degrees; and adduction to 20 degrees. She has positive impingement sign and positive O'Brien test. Upper extremity msucle testing is 5/5 in all planes. She was diagnosed to have left shoulder internal derangement, left thoracic outlet syndrome, left upper extremity complex regional pain syndrome. She is recommended for a stellate ganglion block procedure. Duragesic patch 50 mg, Neurontin 300 mg, Fentanyl transdermal patch, hydrocodone (APAP), Gabapentin, urine toxicology screening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 20%, Lidocaine 10%, Dexamethasone 4 % 240 gr: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

Decision rationale: The CPMT recommends the use of topical NSAIDS for the treatment of acute to subacute pain. The medical records document that the patient is diagnosed with brachial neuritis or radiculitis. Further, the documents show that the patient has no documentation of inadequate relief or intolerance to recommended first-line oral medications that would warrant treatment with topical NSAIDS. The patient also has no documentation supporting the use of a topical NSAID. Based on the CMPT guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

Flurbiprofen 20 %, Tramadol 20% 240 gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section Page(s): 113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

Decision rationale: The CPMT recommends the use of topical analgesics/opiates for the treatment of neuropathic pain. The medical records document that the patient is diagnosed with brachial neuritis or radiculitis. Further, the documents show that the patient has no documentation of inadequate relief or intolerance to recommended first-line oral medications that would warrant treatment with topical analgesics/opiates. Based on the CMPT guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.