

Case Number:	CM14-0030412		
Date Assigned:	06/20/2014	Date of Injury:	05/05/2012
Decision Date:	07/17/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/10/2014

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 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 51-year-old female who reported an injury on 07/01/2006 with the mechanism of injury not cited within the documentation provided. In the clinical notes dated 11/27/2013, the injured worker's subjective complaints included frequent sharp headaches and migraine headaches, frequent pain in bilateral region of the neck and stiffness in the neck and muscle spasm with a pain rating of 5/10, frequent pain across both shoulders with a pain rating of 6/10, and frequent pain in the bilateral mid back and muscle spasm in the mid back and upper lumbar with pain rated at 7/10. It was annotated that the injured worker was in physiotherapy 2 to 3 times a week seeing improvement with lumbar spine pains. It was also annotated that the injured worker had been taking Motrin twice daily with temporary relief. The injured worker's prescribed medication regimen included Celexa, Lorazepam, Naproxen, and Omeprazole. The physical examination revealed normal deep tendon reflex testing, severe left hand grip weakness with palpable pain at the left lateral deltoid, supraspinatus, and anterior shoulder at intertubercular groove and tenderness of the cervical paraspinal muscles, upper trapezius, and rhomboid muscles. It was also noted that the injured worker had palpable tenderness of lumbosacral paraspinal muscles with spasm. The physical examination also revealed cervical distraction to elicit pain in the cervical spine and decrease tension in the shoulders was positive bilaterally. It was also noted that a Speed's test, Codman's (drop arm), and Phalen's test were positive bilaterally. Prior treatments included diagnostic studies, physical therapy, and medications. The diagnoses included cervical disc bulge with radiculitis, bilateral carpal tunnel syndrome, lumbar disc bulge with radiculitis, shoulder tendonitis bilaterally, and thoracic outlet syndrome. The treatment plan included continuation of physical therapy 2 x 3 of the lumbar spine, cervical spine, and bilateral hands/wrists; a request for bilateral wrist splints; an order for TENS unit for use at home; and medications dispensed: tramadol 50 mg 1 by mouth every day

twice a day as needed for pain #90 and topical transdermal creams to apply as needed for pain. The request for authorization form for topical transdermal creams was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Transdermal Creams: 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): 111-112.

Decision rationale: The request for topical transdermal creams is non-certified. 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. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. In the clinical notes provided for review there is a lack of documentation of the areas of which the topical creams are to be applied or the frequency. There is also a lack of documentation of the injured worker's pain level status with or without prescribed medications. Furthermore, the Guidelines state that any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended and without the annotation of the ingredients or name of the requested topical cream, the request for topical transdermal creams are not medically necessary.