

Case Number:	CM14-0039257		
Date Assigned:	06/27/2014	Date of Injury:	01/18/2008
Decision Date:	08/19/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	04/03/2014

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 Texas. 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 41 year old female injured on 01/18/2008 when a box of frozen meat fell from a shelf onto her left shoulder. Current diagnoses included CRPS/neuropathic pain to the left arm, cervical degenerative disc disease, left shoulder pain/tendinopathy, and right shoulder pain. The injured worker was initially treated with a cortisone injection to which she had reported reaction. The injured worker attended a functional restoration program for approximately two weeks at which time she self-discontinued. Clinical note dated 05/27/2014 indicated the injured worker presented complaining of increased swelling to the left arm when walking and described constant dull and burning pain in the neck, left shoulder, and entire left upper extremity rated 7/10. The injured worker reported utilizing home exercise program and stretching learning during functional restoration program. Physical examination revealed decreased range of motion of the cervical spine, tenderness in neck and left shoulder, non-tender to the left arm and hand, mild swelling on the top of the hand and fingers, and no color change. The injured worker failed multiple oral medications resulting in the use of EMLA cream. The initial request for EMLA cream 2.5% Qty 1.00 and 3 refills was non-certified on 03/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMLA Cream 2.5% Quantity 1 Refill 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines ,Treatment for worker's compensations, pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines online version; Chronic Pain, Medications, DMSO, NAC, EMLA Cream.

Decision rationale: As noted in the MTUS Chronic Pain Guidelines, EMLA cream is not recommended for treatment of any other chronic pain syndromes. Guidelines indicate EMLA cream has been used for treatment; however, there are no quality studies supporting its efficacy. As such, the request for EMLA Cream 2.5% Qty 1.00 times 3 refills cannot be recommended as medically necessary.