

Case Number:	CM14-0067617		
Date Assigned:	07/11/2014	Date of Injury:	11/23/2011
Decision Date:	09/17/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/12/2014

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 California. 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 54-year-old male with a reported date of injury on 11/23/2011. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include right rotator cuff tear, impingement syndrome, and left wrist arthritis. His previous treatments were noted to include physical therapy, surgery, and medications. The progress note dated 02/27/2014 revealed the injured worker complained of numbness to the left hand that was painfully numb, with minimal weakness. The physical examination of the left wrist/hand revealed absent sensation and hypersensitivity on the fingers and at the wrist crease. The provider reported an electrodiagnostic study performed 02/27/2014, which revealed a sensory, had improved to the left extremity, but motor response appeared to be a little worse, and mild carpal tunnel syndrome on the right. The progress note dated 04/04/2014 revealed the injured worker complained of pain to his right shoulder, and it was increasing because he had favored his left upper limb to do more things with his right upper limb. The injured worker still had good range of motion, it just hurt more when moved his right shoulder. The injured worker indicated there was popping when he moved his right shoulder, but he could lift it as much as he needed to with his right upper limb. There was no pain to the left wrist per se, although there was constant numbness and tingling in the left thumb, index, long, and radial half of the left ring finger. The injured worker indicated he would get cramping in the muscles of the left hand, and would not say there was a weakness. The injured worker complained of pain to the right knee and reported with certain activities, the knee would pop. The injured worker indicated he did some stationary bicycle work, but no other sports, and he was able to squat and kneel, but the right knee popped when he did that. The injured worker indicated he could drive, but only using his right hand. The physical examination of the upper extremities revealed a negative Tinel's and diminished sensation along the dorsum of the left hand. However, there was good motor power of the left

median nerve innervated muscles. The Request for Authorization form dated 03/31/2014 was for neuropathic compound cream to rub on the painful area 4 times a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neuropathic Compound Cream, 120gm: Upheld

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

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

Decision rationale: The request for a neuropathic compound cream, 120gm is not medically necessary. The injured worker complains of numbing pain to his left wrist. The California Chronic Pain Medical Treatment Guidelines primarily recommend topical analgesics for pain when trials of antidepressants and anticonvulsants have failed. The guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drugs class) that is not recommended is not recommended. There is a lack of documentation regarding the drug to be compounded into the neuropathic cream. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, due to the lack of documentation regarding medications to be added to the neuropathic cream, the neuropathic cream is not warranted at this time. As such, the request is not medically necessary.