

Case Number:	CM14-0170838		
Date Assigned:	10/23/2014	Date of Injury:	07/22/2008
Decision Date:	02/11/2015	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/15/2014

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 Neuromuscular Medicine and is licensed to practice in New Jersey. 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 a 49-year-old man who sustained a work related injury on July 22, 2008. Subsequently, he developed chronic neck, low back, hand, and wrist pain. The patient underwent C5 laminectomy, surgical tendon transfer repair 2 times in 2009, revision left thumb opponensplasty, and a cervical spinal cord stimulator trial. According to a follow-up report dated September 29, 2014, the patient reported an increase in low back pain. He was concerned that his kidneys may be causing some of his pain. he rated the level of his pain as a 7/10. He also complained of recurrent flareup of facial lesions on left greater than right side of his face. On exam, he continued to have CRPS pain on left upper extremity mainly. He had still some allodynia in hand and forearm. His grip strength was weaker still and there was shiny atrophy appearance to his left hand. The patient's last UDS dated April of 2013 was consistent with his prescribed medications. The patient was diagnosed with severe left upper extremity pain 2nd to CRPS I and II, status post left arm injury with laceration of mid forearm with arterial and nerve laceration of ulnar side, severe neuropathic pain of the left upper extremity, depression and anxiety secondary to pain, and severe constipation. The provider requested authorization for trial PC 5006.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial PC 5006 300gm for neuropathic pain: 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: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is a limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no proven efficacy of the compound of the proposed topical analgesic. Furthermore, oral form of these medications was not attempted, and there is no documentation of failure or adverse reaction from their use. Based on the above, the use of Trial PC 5006 300 gm for neuropathic pain is not medically necessary.