

Case Number:	CM15-0134905		
Date Assigned:	07/21/2015	Date of Injury:	03/12/2009
Decision Date:	08/19/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/13/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: North Carolina, Georgia

Certification(s)/Specialty: Family Practice

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 (IW) is a 37 year old female who sustained an industrial injury on 03/12/2009. She claimed pain in her right arm wrist, elbow, shoulder and trapezius. The injured worker was diagnosed as having cervical trapezius strain, right forearm strain, wrist tendonitis, right and paresthesia right upper arm. Treatment to date has included acupuncture, cold, medications, injections (one in the shoulder and one in the low back) and pain management. Tests include MRI and EMG, and a sleep study. The pain management specialist saw her on 03/13/2015 and found she complained of dull and aching pain in the neck with associated headaches. It is rated at 9 on a scale of 0-10, without medications, and as an 8 with medications. The neck pain is associated with radiating pain, numbness, and tingling to both upper extremities. She has low back pain that is dull and aching rated also as a 9 without medications and a 7 with medications. The pain is aggravated by range of motion activities and subsides with rest and medication. Low back pain is associated with radicular symptoms to the bilateral lower extremities. She complains of a dull aching pain in both shoulders that is rated at 9 on a scale of 1-10 and aggravated by activities such as overhead reaching or lifting, and is relieved with rest and medications. She complains of dull aching pain in both wrists that is rated a 9 without medications and a 7-8 on a scale of 0-10 with medications. Wrist pain is aggravated by grasping or holding, and is relieved with rest and medications. And last of all, the worker complains of loss of sleep due to pain, anxiety and depression. On examination, the cervical spine has palpable nuchal tenderness bilaterally with tenderness and myospasm palpable over the bilateral paracervical muscles and bilateral trapezius. Spurlings and cervical distractions are bilaterally positive and there is decreased cervical range of motion in all planes. The thoracic spine is normal with no parathoracic tenderness or myospasm. The lumbar spine has tenderness and

palpable myospasm over the bilateral para lumbar muscles. There is decreased range of motion in all planes. Tenderness is also palpable in the sciatic muscles. In the shoulders, there is palpable tenderness over bilateral acromioclavicular joints, subacromial regions, greater tuberoles, as well as tenderness and myospasm over the rotator cuffs bilaterally. Impingement and Supraspinatus tests are positive bilaterally. There is decreased range of motion in all planes. The elbows are normal with full range of motion without pain. The knees are normal with no palpable tenderness, and the ankle foot examination has normal range of motion without tenderness. Assessment/diagnosis is: Cervical radiculopathy. Cervical spine sprain/strain. Cephalgia. Lumbar radiculopathy. Lumbar spine sprain/strain. Shoulder sprain/strain. Insomnia. Anxiety. Depression. A request for authorization is submitted for: Cap/Flur/Gab/Men/Cam QTY: 1, 30 day supply.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cap/Flur/Gab/Men/Cam QTY: 1, 30 day supply: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 111-113.

Decision rationale: CA MTUS recommends limited use of topical analgesics. These are primarily recommended for neuropathic pain with antidepressants and antiepileptics have failed. Gabapentin in topical formulation is explicitly not approved in the CA MTUS as there is no peer reviewed literature to support its use. As such, the request for Cap/Flur/Gab/Men/Cam is not medically necessary and the original UR decision is upheld.