

Case Number:	CM15-0141855		
Date Assigned:	07/31/2015	Date of Injury:	12/15/2013
Decision Date:	08/28/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/21/2015

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: Arizona, California
 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 is a 44 year old male, who sustained an industrial injury on December 15, 2013. He sustained a brachial plexus injury as a complication of cardiac surgery. Treatment to date has included medications, topical cream, and rehabilitation. Currently, the injured worker complains of right upper extremity pain with referred pain to the right anterior chest. He has spasticity and cramping of the chest wall which he reports is worse with exercise. He reports that he uses Tramadol prior to exercising. On physical examination the injured worker has right arm pains and stiffness. His right chest wall was not tender to palpation, but was painful with sudden movement or lifting. The diagnoses associated with the request include brachial plexus injury. The treatment plan includes continuation of Tramadol and compound medication for the chest wall.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound cream sample: Amantadine 5%, Diclofenac 5%, Baclofen 2%, Gabapentin 10%, Lidocaine 2%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical muscle relaxants such as Cyclobenzaprine and topical Baclofen are not recommended due to lack of evidence. In addition, the claimant was on oral opioids and Tylenol without indication of reduction in use. Since the compound above contains these topical medications, the compound in question is not medically necessary.