

Case Number:	CM15-0180740		
Date Assigned:	11/12/2015	Date of Injury:	06/07/2015
Decision Date:	12/28/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/14/2015

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, Texas

Certification(s)/Specialty: Internal Medicine

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 55-year-old female, who sustained an industrial injury on 6-7-2015. Medical records indicate the worker is undergoing treatment for cervical radiculopathy, left lateral epicondylitis, bilateral carpal tunnel syndrome and lumbar radiculopathy. A recent progress report dated 8-10-2015, reported the injured worker complained of bilateral wrist and hand pain with finger numbness and tingling and low back pain. Physical examination revealed cervical paraspinal tenderness, spasm, bilateral wrist joint tenderness, lumbar paraspinal spasm, and tenderness. Electromyography (EMG)-nerve conduction study (NCS) of the bilateral lower extremities showed sacral 1 radiculopathy and bilateral upper extremities showed bilateral carpal tunnel syndrome and right ulnar neuropathy. Treatment to date has included physical therapy and medication management. On 8-10-2015, the Request for Authorization requested Perform pain relieving gel 3.1% #118, 20-day supply. On 8-26-2015, the Utilization Review noncertified the request for Perform pain relieving gel 3.1% #118, 20 day supply.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rx prior authorization med: Perform pain relieving gel 3.1% #118, 20 day supply: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: According to the MTUS section on chronic pain topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no peer-reviewed literature to support the use of any muscle relaxants or gabapentin topically. The MTUS states that if one portion of a compounded topical medication is not medically necessary then the medication is not medically necessary. In this case, the documentation does not support that the patient has failed treatment with first line analgesic medications. The continued use is not medically necessary.