

Case Number:	CM15-0201075		
Date Assigned:	10/16/2015	Date of Injury:	01/25/2012
Decision Date:	11/24/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/13/2015

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: Montana, Oregon, Idaho

Certification(s)/Specialty: Orthopedic Surgery

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 60 year old female with a date of injury on 01-25-2012. The injured worker is undergoing treatment for complex regional pain syndrome secondary to ulnar nerve injury, status post MVA with multiple trauma, neuropathic pain with ulnar injury-left upper extremity-improved, ulnar nerve injury with significant abnormalities on neurodiagnostic studies and limitation in motor function, cervical degenerative disc disease with cervical radiculopathy, post-traumatic stress disorder with depression secondary to injury and persistent facial pain. A physician progress note dated 08-14-2015 documents the injured worker has gone under stellate ganglion blocks on 01-29-2015 and had relief for over 3 months. She was able to increase mobility of the hand perform more exercises in physical therapy. She has complaints of cervical pain radiating to the left upper extremity to the hand, rated 6 out of 10 and is aching, tingling, burning and numb. She has left hand pain and weakness. She has slight swelling in the left cervical and clavicle region. She has left forearm pain secondary to over use. Her hand has increased in pain and she has severe cramping. She has right shoulder pain and mid back pain. She continues to have symptoms of cervical radiculopathy, but they are improved compared top several months ago. She still has neuropathic pain indicative of ulna nerve injury in her left upper extremity and rates her pain as 8 out of 10. Her left hand pain is constant and she is unable to extend the 4th and 5th digits. She has increased temperature changes and deepened coloration on her left hand. Cervical spine range of motion is limited with pain into her shoulder and arm. Her left hand reveals hypersensitivity and there is significant atrophy of her left hand. She has restriction with flexion and extension of the wrist. She has allodynia and hyperalgesia in the left

ulnar area. Jamar testing of the left hand is reduced. She has diminished sensation in her left upper extremity in the C6 and C7 distributions. Treatment to date has included diagnostic studies-last done in 2013, medications, stellate ganglion blocks, physical therapy, and massage therapy. Medications include Cymbalta, Ativan, Soma and Norco. She cannot tolerate Gabapentin. The treatment plan includes considering a Beir block for her left upper extremity, she will continue with her home exercise program, a cervical Magnetic Resonance Imaging, return in one month or sooner if needed, compounded cream for her left hand that has helped significantly in the past, and she will consider future stellate blocks if she continues to have flares. On 09-24-2015 Utilization Review non-certified the request for Ketamine 10% Gabapentin 10% Amitriptyline 5% and Lidocaine 5% #120 grams, with 2 refills, and an MRI (Magnetic Resonance Imaging) of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine 10% Gabapentin 10% Amitriptyline 5% and Lidocaine 5% #120 grams, with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Capsaicin, topical, Lidoderm (lidocaine patch), Topical Analgesics.

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

Decision rationale: Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112 "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. 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 drug class) that is not recommended is not recommended." According to the guidelines Gabapentin is not recommended for topical use. Because the compound contains Gabapentin, which is not recommended for topical use, the entire compound is not recommended for topical use. The request is not medically necessary.

MRI (Magnetic Resonance Imaging) of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: According to the CA MTUS/ACOEM Chapter 8, Neck and Upper Back Complaints pgs 177-178 regarding special studies (MRI), recommendations are made for MRI of cervical or thoracic spine when conservative care has failed over a 3-4 week period. Criteria for ordering imaging studies are: Emergence of a red flag, Physiologic evidence of tissue insult or

neurologic dysfunction- Failure to progress in a strengthening program intended to avoid surgery, Clarification of the anatomy prior to an invasive procedure. In this case the exam notes submitted for review refer to a prior cervical spine MRI performed in January of 2013 and a prior upper extremity electrodiagnostic studies which demonstrated ulnar neuropathy without evidence of cervical radiculopathy. Neither official report is included in the submitted documents. The exam notes from 8/14/15 does not document any new objective findings that would indicate progression of cervical radiculopathy compared to the note from 1/16/15. Based on the documents provided there is insufficient evidence to support a new cervical MRI is indicated or would provide any new interval information from the 2013 study (report not included). The request is not medically necessary.