MAXIMUS Federal Services

Case Number:	CM15-0223886		
Date Assigned:	11/20/2015	Date of Injury:	04/01/1997
Decision Date:	12/30/2015	UR Denial Date:	10/27/2015
Priority:	Standard	Application Received:	11/13/2015

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: California
Certification(s)/Specialty: Emergency 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:

This 53 year old male sustained an industrial injury on 4-1-97. Documentation indicated that the injured worker was receiving treatment for chronic pain syndrome, spinal enthesopathy and cervicalgia with spondylosis and radiculopathy. Previous treatment included physical therapy, chiropractic therapy, transcutaneous electrical nerve stimulator unit, trigger point injections and medications. In a progress note dated 5-14-15, the injured worker complained of pain with headaches, upper back and neck pain with radiation into the right shoulder and down to the right hand and intermittently into the left shoulder. Physical exam was remarkable for cervical spine with tenderness to palpation diffusely, normal range of motion with no pain on movement, right shoulder with trigger points, moderate tenderness to palpation and full range of motion with pain. The treatment plan included continuing medications (Percocet, Fiorinal with Codeine, Skelaxin, Flector patch and Lidoderm patch) and adding compounded creams to improve pain and minimize narcotic usage. In a history and physical dated 10-19-15, the injured worker complained of pain to the cervical spine, right shoulder and right wrist and hand. The injured worker reported getting 20% pain relief with medications. Physical exam was remarkable for cervical spine with positive Spurling's test, 5 out of 5 bilateral upper and lower extremity strength and 1+ right upper extremity deep tendon reflexes. The treatment plan included starting Methocarbamol and Gabapentin. On 10-20-15, a request for authorization was submitted for Gabapentin, Flexeril and compounded topical cream #2. On 10-27-15, Utilization Review noncertified a request for compounded topical cream #2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Topical cream #2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The requested Compound Topical cream #2, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants." The injured worker has pain to the cervical spine, right shoulder and right wrist and hand. The injured worker reported getting 20% pain relief with medications. Physical exam was remarkable for cervical spine with positive Spurling's test, 5 out of 5 bilateral upper and lower extremity strength and 1+ right upper extremity deep tendon reflexes. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Compound Topical cream #2 is not medically necessary.