

Case Number:	CM15-0037206		
Date Assigned:	03/05/2015	Date of Injury:	11/14/2012
Decision Date:	04/09/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/27/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 31 year old female who sustained an industrial related injury on 11/14/12. The injured worker had complaints of neck, bilateral shoulder, and bilateral hand/wrist pain. Physical examination findings included painful cervical extension, limited cervical flexion, tenderness in the acromioclavicular joint, and a positive impingement sign. Neer's test, Hawkins's maneuver, O'Brien's test and drop arm tests were negative. Diagnoses included C4-5 and C5-6 disc herniation syndrome with radiculopathy and bilateral hand/wrist mild tendinitis and carpal tunnel. Medications included Motrin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (DOS 11/25/14) Capsacin/Pentylene, Gycol/Camphor/Cylobenzaprine/Versapro/Menthol/Liquigel gm 180 Qty 1.00: 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 Analgesic Page(s): 111 - 113.

Decision rationale: The patient is a 31 year old female with an injury on 11/14/2012. She has neck pain, shoulder pain and hand/wrist pain. MTUS guidelines note that if one drug in a topical analgesic compound is not recommended then the entire compound drug is not recommended. Pentylene is a solvent skin conditioner that is cosmetic and does not reduce pain. Also, cyclobenzaprine and Menthol are drugs that are not recommended. Thus, the entire compound is not recommended. The requested compound topical analgesic is not medically necessary.