

Case Number:	CM15-0045516		
Date Assigned:	03/17/2015	Date of Injury:	04/05/2010
Decision Date:	04/17/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/10/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 35 year old female patient, who sustained an industrial injury on 04/05/2010. A primary treating office visit dated 12/12/2014 reported subjective complaint of neck and left hand pain. The right hand pain is not bad, but the neck and left hand are still painful. The cold weather aggravates the pain. She reports taking medications only with flare ups of pain. She did take medication last evening and it helped her sleep. Objective findings found the cervical spine with tenderness in the upper thoracic spine at T2-T4 and cervical C4 through C7. There is pain with range of motion of the cervical spine when doing extension. Flexion is found at 50 degrees and extension is 45 degrees with pain. There is tenderness with spasm and guarding in the bilateral upper trapezius muscles and levator scapulae. The following tests were found with positive results: Spurling's bilaterally, shoulder depression, cervical compression and Soto-Hall. Her bilateral hands revealed right wrist with positive Tinel's sign at the carpal tunnel right. There is decreased sensation at the path of median nerve on the right. Her left wrist is with slight tenderness at the carpal tunnel site on the left. The recommendation was to initiate back to work status. The following diagnoses are applied: cervical disc bulges, cervical radiculitis, right carpal tunnel syndrome and left carpal tunnel release (post operative 4mos). The physician also recommends a short course of therapy as it's helped in the past. She is to follow-up in six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac F-Diclofenac/Flurbiprofen/Pencream (#180): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: This 35 year old female has complained of neck and bilateral hand pain since date of injury 4/5/10. She has been treated with physical therapy and medications. The current request is for Diclofenac F-Diclofenac/ Flurbiprofen/ Pencream (#180). Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Diclofenac F-Diclofenac/Flurbiprofen/Pencream (#180) is not indicated as medically necessary.

Amitriptyline DT- Amitriptyline/Dextromethorphan/Tramadol/Percream (#180): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

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

Decision rationale: This 35 year old female has complained of neck and bilateral hand pain since date of injury 4/5/10. She has been treated with physical therapy and medications. The current request is for Amitriptyline DT- Amitriptyline/ Dextromethorphan/ Tramadol/Percream. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Amitriptyline DT- Amitriptyline/Dextromethorphan/ Tramadol/ Percream is not indicated as medically necessary.