

Case Number:	CM15-0056026		
Date Assigned:	04/01/2015	Date of Injury:	09/26/2011
Decision Date:	05/05/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/24/2015

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: Florida

Certification(s)/Specialty: Neurology, Pain Management

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 57 year old male patient, who sustained an industrial injury on 09/26/2011. A primary treating office visit dated 04/01/2014, reported current complaints of numbness and tingling to his left hand extending to the 4th and 5th digits, as well as pins and needles to the right forearm radiating down to his hand and fingers. He states that he is not having any pain in his neck today. He notes his symptoms improved since surgery. He takes Norco and Pamelor with good effect. The following diagnoses are applied: status post anterior cervical disc fusion at C5-6, C6-7, C7-T1 on 02/05/2014. The plan of care involved: continue using Philly collar for a total of 6 weeks post-operatively, then a soft collar for 6 weeks. Radiography performed this visit, pending results, initiate post-operative chiropractic physiotherapy and recommending chiropractic rehabilitative therapy, future radiography and follow up. He is to remain temporary totally disabled 6 weeks while recovering from surgery. The most recent primary treating office visit dated 02/16/2015, reported subjective complaint of cervical spine, right elbow, right forearm, right wrist and left wrist pains. The following diagnoses are applied: status post cervical fusion, cervical strain/sprain, right ulnar nerve entrapment, right forearm muscle spasm, rule out right carpal tunnel syndrome and rule out left carpal tunnel syndrome. The plan of care involved: pending nerve conduction study of bilateral upper extremities, recovering from surgery, urine toxicology and follow up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%, Baclofen 5%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.025% Cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 111-113, 67-73.

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

Decision rationale: The medical records provided for review indicate a neuropathic pain condition with associated hyperalgesia/allodynia. The records do not indicate the specific medications failed, specifically trials of antidepressants and anticonvulsants. MTUS supports this agent is Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As the records do not indicate specific antidepressants and anticonvulsants tried and failed, the medical records do not support use of this medication congruent with MTUS and is not medically necessary.