

Case Number:	CM15-0080845		
Date Assigned:	05/01/2015	Date of Injury:	09/28/2011
Decision Date:	06/02/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/27/2015

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: 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:

The injured worker is a 46 year old male, who sustained an industrial injury on 9/28/11. He reported initial complaints of right head and shoulder and right shoulder pain. The injured worker was diagnosed as having disc degeneration, facet degeneration, cervical spine; right paracervical strain; right cervical radiculitis; posttraumatic brachial plexopathy right shoulder; glenoid labral tear with contusion right shoulder. Treatment to date has included acupuncture; status post subacromial decompression right shoulder with debridement glenoid labrum (1/13/12); urine drug screening; facet injection C3-C6 (9/2014); status post ACDF C5-6 and C6-7 (2/2/15); left hand rehabilitation therapy. Currently, the PR-2 notes dated 3/11/15 indicated the injured worker is a status post neck surgery with multiple intra-operative and post-operative events. He complains of worsening pain by 5% after changing medications to oxycodone 10mg from 5mg. He rates his pain as 8/10 with 90% neck and 10% in the left arm. He also complains of right upper trapezius pain post-surgery. Since changing to oxycodone 10mg, the injured worker has had variations in temperature and sweating, night sweats and intermittent sweating throughout the day and feels as though his left hand is becoming weaker with tenderness to palpation over the left thenar. He is a status post Anterior Cervical Disc Fusion (ACDF) C5-6 and C6-7 of 2/2/15. He requires left hand therapy for rehabilitation after a probe during surgery was inserted into the left hand injuring a nerve. He also requires acupuncture to help alleviate upper thoracic pain post-surgery due to positioning during surgery placed pressure on the upper trapezius. He additionally developed a postoperative clot in his esophagus, went into cardiac arrest and then revived. He has moderate reactive depression with chronic pain syndrome and a

history of right brachial plexus injury. He has left anterior neck incision healing. Cervical flexion is to 40 degrees, extension 30 degrees, rotation to the right 70 degrees, rotation to the left 70 degrees and all causing anterior neck pain. He has tenderness to palpation on the bilateral upper trapezius. The treatment plan includes left hand rehabilitation therapy, acupuncture; discontinue oxycodone 10mg and start OxyContin 20mg one tab q12 hours #30 and oxycodone 5mg one or two tabs every 4 hours for breakthrough pain #100. Although numerous PR-2 notes were submitted, the PR-2 notes dated 3/25/15 reviewed by Utilization Review, they were not available in the submitted documentation. Utilization Review denied the requested Methoderm Lotion, 2 Bottles No Directions given.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methoderm Lotion, 2 Bottles- No Directions given: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 111-113, Topical Analgesics Page(s): 111-113.

Decision rationale: The requested Methoderm Lotion, 2 Bottles No Directions given 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 right upper trapezius pain post-surgery. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, or objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Methoderm Lotion, 2 Bottles No Directions given is not medically necessary.