MAXIMUS Federal Services

Case Number:	CM14-0094628		
Date Assigned:	07/25/2014	Date of Injury:	09/30/2008
Decision Date:	09/25/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/20/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 45 year old female injured on 09/30/08 due to an undisclosed mechanism of injury. Diagnoses include cervical myelopathy secondary to spinal cord compression and right thoracic outlet syndrome with compression of the right median nerve and right Piriformis syndrome. The clinical note dated 04/10/14 indicated the injured worker presented complaining of severe neck pain radiating to the right hand with intermittent radiation to the left hand. The injured worker has associated weakness and numbness sensation in the right hand. The injured worker also complained of severe headaches and muscle stiffness of the trapezius muscle. Documentation indicates the injured worker was previously certified for a surgical intervention; however, was required to leave the country for a death in the family and certification expired. Physical examination revealed strength in the right finger flexors and intrinsic muscles of the right hand 3/5, sensory loss to light touch in the right 1st, 4th, and 5th fingers, deep tendon reflexes are symmetric, the injured worker limps with the right leg, positive Spurling test, lateral rotation of the head causes dizziness and tingling sensation in the right arm, positive Tinel's sign in the region of the right brachial plexus. Medications included Norco, Flexeril, Lyrica, and Arthrotec. The initial request for pain formula, non-stick day AM lotion and peripheral neuropathy PM gel was initially non-certified on 05/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Formula, Non stick day am lotion: Upheld

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

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

Decision rationale: Based on review of the medical records provided, there is no indication in the documentation of discussion of initiation, ongoing use, or medication efficacy to substantiate the medical necessity of the requested medication. Additionally, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. As such, the request for Pain Formula, Non stick day AM lotion cannot be recommended as medically necessary.

Peripheral Neuropathy PM gel: Upheld

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

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

Decision rationale: Based on review of the medical records provided, there is no indication in the documentation of discussion of initiation, ongoing use, or medication efficacy to substantiate the medical necessity of the requested medication. Additionally, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. As such, the request for Peripheral Neuropathy PM gel cannot be recommended as medically necessary.