MAXIMUS Federal Services

Case Number:	CM15-0129842		
Date Assigned:	07/16/2015	Date of Injury:	10/15/2013
Decision Date:	08/24/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/06/2015

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: 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 51 year old female, who sustained an industrial injury on October 15, 2013. Several documents included in the submitted medical records are difficult to decipher. She reported pain of the right elbow, left middle finger, and left ring finger. The injured worker was diagnosed as having a shoulder sprain, elbow sprain-strain, and cervical spine sprain-strain. Diagnostic studies to date have included: On October 15, 2013 and October 29, 2013, x-rays of the right elbow were unremarkable. On October 15, 2013, x-rays of the left hand were unremarkable. On December 3, 2013, an MRI of the right upper extremity joint was negative for a fracture and triceps tendon tear or olecranon bursitis. On December 10, 2013, an MRI of the right upper extremity joint revealed degenerative arthritis of the right acromioclavicular joint. On March 31, 2015, an MRI of the cervical spine revealed a 3 millimeter broad right foraminal protrusion with moderate right neural foraminal stenosis and slight central canal narrowing at cervical 3-cervical 4. There was a 1 millimeter rightward bulge with slight right neural foraminal encroachment at cervical 4-cervical 5 and a 1 millimeter bulge at cervical 5-cervical 6. There was mild disc space narrowing and a 1-2 millimeter posterior bulge w, mild central canal stenosis at cervical 6-cervical 7. Surgeries to date: an extensor muscle slide procedure, neurectomy of the posterior branch of the lateral cutaneous nerve in the right forearm on March 17, 2014 and a right shoulder arthroscopic decompression and Mumford procedure on December 9, 2014. Treatment to date has included physical therapy, a home exercise program, work modifications, an elastic elbow support, an elbow brace, right elbow injections, a cervical epidural steroid injection, rest, heat, a cervical pillow, and medications including opioid

analgesic, topical analgesic, muscle relaxant, migraine, and non-steroidal anti-inflammatory. There were no noted comorbidities. On May 26, 2015, the injured worker complains of right shoulder pain status post arthroscopy. She reports her cervical spine and headaches have improved by 55-65% following a cervical epidural steroid injection on May 20, 2015. The treating physician notes that x-rays of the cervical spine revealed normal flexion and extension. The physical exam revealed tenderness of the right supraspinatus muscle. The injured worker is currently not working but is permitted to return to work with restrictions. The treatment plan includes transdermal cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compounded medication QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: CA MTUS chronic pain guidelines, topical analgesics are "largely experimental in use with few randomized controlled trials to determine efficacy or safety." Guidelines also state "Many agents are compounded as monotherapy or in combination for pain control... There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug that in not recommended is not recommended." The request as well as the submitted documentation does not detail the components of the compound cream. Without this information, determination of the medical necessity of this agent is not possible. Additionally, the request does not include the location or frequency of application. The request for a compound medication is not medically necessary.