

Case Number:	CM15-0171390		
Date Assigned:	09/11/2015	Date of Injury:	05/01/2007
Decision Date:	10/09/2015	UR Denial Date:	08/22/2015
Priority:	Standard	Application Received:	08/31/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 56 year old female with a date of injury of May 1, 2007. A review of the medical records indicates that the injured worker is undergoing treatment for cervical spine myospasm and myalgia; cervical radiculitis or neuritis; and bilateral carpal tunnel syndrome status post release. Medical records (July 6, 2015) indicate that the injured worker complains of neck and bilateral hand pain. A progress note dated June 8, 2015 notes subjective complaints of constant neck pain rated at a level of 10 out of 0 with activities associated with weakness and giving way, neck pain that radiated down to the shoulders, arms, and hands, constant upper back pain rated at a level of 8 out of 10 with rest and activities associated with weakness and giving way, constant bilateral shoulder pain rated at a level of 8 out of 10 with rest and activities, and constant bilateral arm, wrist, elbow and hand pain rated at a level of 8 out of 10 with rest and activities. Per the treating physician (June 8, 2015), the employee was temporarily partially disabled with restrictions including preclusions from repetitive hand movements, forceful gripping or squeezing, heavy lifting of greater than five pounds, and sedentary work only. The physical exam (July 6, 2015) reveals tenderness to palpation of the cervical spine, manual muscle testing 4 out of 5, neurovascularly intact, and bilateral tenderness of the wrists with decreased range of motion. A progress note dated June 8, 2015 documented a physical examination that showed tenderness, guarding, and spasms of the cervical paravertebral muscles and upper trapezius muscles bilaterally, manual muscle testing of 4 out of 5, trigger points of the bilateral upper trapezius muscles, restricted range of motion of the cervical spine due to pain, tenderness over the palmar aspect of the wrist, and restricted range of motion of the wrist

due to pain. Treatment has included medications (Hydrocodone and Tramadol since at least March of 2015), unknown number of physical therapy sessions, one session of acupuncture that did not help, cortisone injection to the shoulder, left carpal tunnel release on January 20, 2015, and right carpal tunnel release on December 1, 2009. The original utilization review (August 22, 2015) non-certified a request for Orthoses.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Orthoses (duration and frequency unknown) dispensed on 07/06/2015:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenicamines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication contains ingredients, which are not indicated per the California MTUS for topical analgesic use. Therefore, the request is not certified.