

Case Number:	CM15-0026196		
Date Assigned:	02/18/2015	Date of Injury:	07/26/2012
Decision Date:	04/02/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/11/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 34 year old female who sustained an industrial related injury on 7/26/12. The injured worker had complaints of bilateral hand pain status post bilateral carpal tunnel release. Diagnoses included joint pain and reflex sympathetic dystrophy of the upper limb. Medications included Percocet, Tramadol, and Zorvolex. The treating physician requested authorization for PC5001 cream 300gm and right stellate ganglion block injection. On 2/4/15 the request was non-certified. Regarding PC5001 cream, the utilization review (UR) physician cited the Medical Treatment Utilization Schedule (MTUS) guidelines and noted the guidelines do not recommend topical analgesics as they are considered experimental without proven efficacy. Regarding the injection, the UR physician cited the MTUS guidelines and noted there was insufficient documentation contraindicating other guideline supported treatment of the injured worker's symptomology. Therefore the requests were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

PC5001 cream 300gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines July 18, 2009 Topical Analgesics Page(s): 111-113.

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

Decision rationale: PC5001 cream 300gm is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The documentation is not clear on the components of the PC5001 cream. The documentation does not indicate failure of antidepressants and anticonvulsants or intolerance to oral medications. The request is not medically necessary.

Right stellate ganglion block injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nerve Block; Intravenous Regional Sympathetic Blocks Page(s): 67; 55-56.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic block) Page(s): 103.

Decision rationale: Right stellate ganglion block injection is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines states that there is limited evidence to support this procedure, with most studies reported being case studies. A document dated 10/11/14 states that the patient had a stellate ganglion block 3 weeks prior. The documentation does not reveal functional improvement or significant improvement in pain from this prior block therefore the request for a right stellate ganglion block injection is not medically necessary.