

Case Number:	CM13-0016774		
Date Assigned:	11/06/2013	Date of Injury:	03/16/2011
Decision Date:	01/30/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	08/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Pulmonary Diseases and is licensed to practice in California. 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 physician 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 patient is a 43-year-old injured worker who reported an injury on 03/16/2011. The patient is currently diagnosed with musculoligamentous sprain and strain of the cervical spine with radiculopathy, musculoligamentous sprain and strain of the lumbar spine with radiculopathy, cervicogenic headaches, carpal tunnel syndrome, cubital tunnel syndrome, complications of epidural steroid injections, TMJ, and adjustment disorder with anxiety and depression. The patient was seen by [REDACTED] on 08/16/2013. The patient complained of increasing neck pain with radiation to bilateral occipital region and bilateral upper extremities rated 5/10. Physical examination revealed diminished cervical range of motion with tenderness to palpation, diminished lumbar range of motion with tenderness to palpation and positive straight leg raising. Treatment recommendations included continuation of current medications, a lumbar spine MRI, and lumbar spine x-rays.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 20mg, 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state antidepressants are recommended as first line option for neuropathic pain and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first line agent unless they are ineffective, poorly tolerated, or contraindicated. Assessment of treatment efficacy should include not only pain outcomes but also an evaluation of function, changes in the use of other analgesic medication, sleep quality and duration, and psychological assessment. It is recommended that these outcome measurements should be initiated at 1 week of treatment with a recommended trial of at least 4 weeks. As per the clinical notes submitted, the patient has continuously utilized this medication. Despite the ongoing use, the patient continues to present with complaints of increasing neck pain with radiation to bilateral upper extremities and bilateral occipital region. Satisfactory response to treatment has not been indicated. The request for Cymbalta 20mg, 5 refills, is not medically necessary and appropriate.

Medrox Ointment 120mg, with 1 refill: Upheld

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

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Medrox contains methyl salicylate, capsaicin, and menthol. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments and is indicated for osteoarthritis, fibromyalgia, and nonspecific back pain. There is no indication that this patient has failed to respond to first line oral medication prior to the initiation of a topical analgesic. Furthermore, California MTUS Guidelines state any compounded product that contains at least 1 drug that is not recommended, is not recommended as a whole. The request for 1 prescription for Medrox Ointment 120mg, with 1 refill, is not medically necessary and appropriate.

X-ray of the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Radiography (x-rays).

Decision rationale: The California MTUS/ACOEM Practice Guidelines state lumbar spine x-rays should not be recommended in patients with low back in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least 6 weeks. As per the clinical notes

submitted, there is no evidence of significant instability or a musculoskeletal/neurological deficit that would indicate significant spinal pathology. The request for one X-ray of the lumbar spine is not medically necessary and appropriate.

MRI of the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Radiography (MRI).

Decision rationale: The California MTUS/ACOEM Practice Guidelines state if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause including MRI for neural or other soft tissue abnormality. As per the clinical notes submitted, there is no evidence of a significant musculoskeletal or neurological deficit that would indicate significant spinal pathology. There are no red flag conditions present. The request for one MRI of the lumbar spine is not medically necessary and appropriate.