

Case Number:	CM13-0031199		
Date Assigned:	12/04/2013	Date of Injury:	11/24/1999
Decision Date:	01/10/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/02/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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.

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 55 year old male who reported injury on 11/24/1999. The mechanism of injury was being hit by a bus while working on his right side. Current diagnoses include cervical disc degeneration, cervical radiculopathy, cervical spinal stenosis, and chronic pain. The original MRI reports the patient had a 2.5mm disc bulge at C3-4, a 2.6mm disc bulge at C4-5, and a 2mm disc bulge at C5-6 with severe foraminal narrowing at all sites. Records state that the patient had received therapy and continues on a medication regime both with limited benefit. He more recently underwent two failed epidural steroid injections and a right cubital tunnel release. It is unclear exactly what type of medication regime the patient is on but as of August 2013, the patient reported taking Naprosyn, ibuprofen, Gabapentin, and Zanaflex. All dosages, frequencies, and results were unspecified. His urine drug screen on 08/09/2013, however, reports evidence of medications inconsistent with what was prescribed including codeine, morphine, fluoxetine and hydrocodone. There was no explanation provided for this discrepancy in the medical records. There were no other exceptional factors for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: California MTUS guidelines do not provide recommendations for magnetic resonance imaging (MRI), therefore ACOEM was consulted. According to ACOEM guidelines, neck pain that does not resolve after 3-4 weeks and conservative care, may be cause for an imaging study. The ACOEM criteria for ordering imaging studies include the emergence of a red flag; physiological evidence of tissue insult or neurologic dysfunction corroborated with objective physical exam findings, electrodiagnostic studies, laboratory tests, or bone scans; failure to progress in a strengthening program intended to avoid surgery; and clarification of the anatomy prior to an invasive procedure. Although the clinical notes mention the patient's radiculopathy, there are no objective physical examination findings or electrodiagnostic studies provided in the medical records to support that diagnosis. Therefore, the request is non-certified.

1 pneumatic cervical traction unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Cervical Traction..

Decision rationale: The California MTUS Guidelines do not specifically address cervical traction, therefore ACOEM was consulted. ACOEM states that there is no evidence to support traction but that it may be used on a trial basis. ACOEM also notes that the goal should be functional restoration and returning patients to activities of daily living. For supplementation, the Official Disability Guidelines were also consulted and they recommend cervical traction use in conjunction with a home exercise program. The patient does not report, and the available documentation does not support, significant loss of function or significant deficits in the performance of activities of daily living. The treatment plan provided does not specify if the traction will be used on a trial basis nor is the request accompanied by a plan for a home exercise program. There is also no indication of why the pneumatic traction device would be needed in place of a seated, over the door, weighted pulley device. Therefore, the request for a pneumatic traction device is non-certified.

Gabapentin 600mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-19.

Decision rationale: California MTUS Guidelines state that anti-epilepsy drugs are recommended for neuropathic pain associated with diabetic neuropathy and postherpetic

neuralgia, and that there is little evidence to show its effectiveness for use in painful radiculopathy. However, the guidelines do recommend a trial use of Gabapentin for chronic neuropathic pain associated with spinal cord injuries. The guidelines state that a trial period should allow for a 2-8 week titration period and then 2 weeks at the maximum tolerated dosage. During this time, the patient should be frequently asked about changes in pain level and the treatment continued only if there has been a documented overall 30% decrease in pain. The clinical records reviewed did not include a starting date and dosage of the Gabapentin, no evidence of titration if appropriate, and no documented initial or interim VAS pain scores for use in determining efficacy. Therefore, the request for Gabapentin 600mg, #120 is non-certified.

transdermal creams: Upheld

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

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

Decision rationale: California MTUS Guidelines refer only to topical analgesics. If the topical cream is prescribed for neuropathic pain, it is only recommended when trials of antidepressants and anticonvulsants have failed. Guidelines also state that if any compounded product that contains at least one drug (or drug class) that is not recommended, the entire compounded cream is not recommended. Since there was no specific cream submitted for approval with included ingredients, there is no way to determine if the request is medically necessary or even indicated. Therefore, the request for unknown prescription of transdermal creams is non-certified.

1 urine drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

Decision rationale: The California MTUS Guidelines recommend drug testing as an option to assess for the use or presence of illegal drugs. There was no documentation suggesting the patient would be at risk for illicit drug use. There was also no current list of medications and no list of medications to be evaluated provided in the medical records. Therefore, the request for urine drug screen is non-certified.