MAXIMUS Federal Services

Case Number:	CM13-0036183		
Date Assigned:	12/13/2013	Date of Injury:	07/23/2010
Decision Date:	02/12/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/18/2013

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 and Pain Management, has a subspecialty in Interventional Spine 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 47 year old male with a date of injury of 07/23/2010. The patient has diagnoses of lumbar spondylosis with myelopathy, lesion of the sciatic nerve and cervical and thoracic spine sprain/strain. According to a report dated 09/18/2013 by [redacted], the patient presents with moderate to severe pain described as sharp and aching in the cervical, thoracic and lumbar spine areas. Physical examination of the cervical spine showed +3 spasm and tenderness to the bilateral paraspinal muscles from C3 to C7, bilateral sub occipital muscles and bilateral upper shoulder muscles. Axial compression test was positive bilaterally for neurological compromise. Distraction test was positive bilaterally. Right triceps reflex was decreased. Examination of the thoracic spine showed +3 spasms and tenderness to the bilateral thoracic paraspinal muscles from T4 to T11. Examination of the lumbar spine showed, +3 spasm and tenderness to the bilateral lumbar paraspinal muscles form L3 to S1, multifidus and bilateral piriformis muscle. Kemp's test, straight leg raise (left), Braggard's and Yeoman's all positive. Left and right Achilles reflex was decreased and L5 to S1 dermatome was decreased on left to light touch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the lumbar spine (6 visits): Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture.

Decision rationale: This patient has diagnoses of lumbar spondylosis with myelopathy, lesion of the sciatic nerve and cervical and thoracic spine sprain/strain. On 07/31/2013, [redacted] requested an initial 6 acupuncture sessions to treat the patient's chronic pain. Progress report dated 09/18/2013 indicates the patient has completed 3 of the 6 sessions. There were no discussions provided regarding functional improvement, if any, with the already received acupuncture treatments. The guidelines recommend acupuncture for pain, suffering and the restoration of function. The recommended frequency and duration is 3 to 6 treatments to produce functional improvement, 1 to 3 times per week with optimum duration of 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented. Documentation of clinically significant improvement of activities of daily living or reduction in work restrictions and decreased dependency on medical treatments were not provided to warrant additional acupuncture. Therefore, the requested acupuncture is not medically necessary at this time.

FlurFlex (Flurbiprofen 15%/Cyclobenzaprine 10%) 180gm: Upheld

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

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

Decision rationale: This patient has diagnoses of lumbar spondylosis with myelopathy, lesion of the sciatic nerve and cervical and thoracic spine sprain/strain. A report dated 09/18/2013 by [redacted] states that a 30 day of supply of topical cream FlurFlex and TGHot has been prescribed for muscle pain relief. FlurFlex is a compound topical cream (Flurbiprofen 15%/ cyclobenzaprine 10%). Regarding topical analgesics, the guidelines state that they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one non-recommended drug (or drug class) is not recommended for use. Cyclobenzaprine, a muscle relaxant, is not recommended for any topical formulation. Therefore, FlurFlex is not medically necessary or appropriate.

3D MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Low Back Chapter, MRI

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Labor Code 4610.5 (2).

Decision rationale: This patient has diagnoses of lumbar spondylosis with myelopathy, lesion of the sciatic nerve and cervical and thoracic spine sprain/strain. A 3D MRI has been requested by this provider since 04/10/2013, indicating the need due to suspected disc pathology. On 09/18/2013 the provider stated that this patient requires a 3D MRI of the lumbar spine to evaluate disc pathology with red flags of decreased bilateral S1 deep tendon reflexes and decreased L5 and S1 dermatomes on the left. It is unclear what evidence-based medical benefit there is in obtaining a 3D MRI versus a standard MRI. MTUS, ACOEM, and ODG guidelines do not discuss 3D MRIs. The treating physician did not provide any specific medical evidence that would show a necessity for a 3D MRI. Therefore, the requested 3D MRI is not medically necessary at this time.

Naproxen sodium 550mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: This patient has diagnoses of lumbar spondylosis with myelopathy, lesion of the sciatic nerve and cervical and thoracic spine sprain/strain. The provider recommends that the patient take 1 Naproxen every 12 hours. The provider noted that the patient has just started nonsteroidal anti-inflammatory drugs (NSAIDs). Given that Tylenol No. 3 has been denied for lack of trial of non-opioids including NSAIDs, a course of Naproxen is appropriate at this time. Therefore, the requested Naproxen is medically necessary.

TGHot (Tramadol 8% Gabapentin 10% Menthol 2% Camphor 2% Capsaicin 0.05%) 180gm: Upheld

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

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

Decision rationale: This patient has diagnoses of lumbar spondylosis with myelopathy, lesion of the sciatic nerve and cervical and thoracic spine sprain/strain. A report dated 09/18/2013 by [redacted] states that a 30 day of supply of topical cream FlurFlex and TGHot has been prescribed for muscle pain relief. TGHot is a compound topical cream (Tramadol, Gabapentin, menthol, camphor and capsaicin). Regarding topical analgesics, the guidelines state that they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one non-recommended drug (or drug class) is not recommended for use. Gabapentin is not recommended as a topical formulation. Therefore, TGHot is not medically necessary or appropriate.

Tylenol No.3 #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 76-78.

Decision rationale: This patient has diagnoses of lumbar spondylosis with myelopathy, lesion of the sciatic nerve and cervical and thoracic spine sprain/strain. The patient has not been under any type of treatment for a period of time and was just prescribed NSAIDs on 09/18/2013. The guidelines state that non-opioid analgesics should be tried before a therapeutic trial of opioids is employed. There should also be baseline pain and function assessments. Function should include physical and psychological, work activities, and should be performed using a validated instrument or numerical rating scale. Therefore, Tylenol No.3 is not medically necessary at this time.