

Case Number:	CM13-0038005		
Date Assigned:	12/18/2013	Date of Injury:	12/23/2005
Decision Date:	02/28/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/24/2013

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 Orthopedic Spine Surgery and is licensed to practice in Texas. 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 reported an injury on 12/23/2005. The mechanism of injury was stated to be the patient was helping a nurse pull a patient up in bed. The patient (per documentation of 05/30/2013) was noted to have an EMG/NCV in 2008 which revealed a C5-6 radiculopathy, predominantly on the right upper extremity along the radial nerve but an absolutely normal electrodiagnostic studies of the median and ulnar nerves. It was indicated that the patient should have an updated EMG/NCV and the patient was noted to decline, expressing fear over taking that particular test. The patient was noted to have an MRI of the cervical spine on 05/23/2011 which revealed at the level of C4-5 that the patient had a disc osteophyte complex bulge of 2.0mm that compressed and displaced the spinal cord, resulting in bilateral neural foraminal stenosis effacement of the bilateral exiting nerve roots. At the level of C5-6, the patient had a disc osteophyte complex bulge of 2.2mm that compressed and displaced the spinal cord, resulting in significant bilateral neural foraminal stenosis and compression to the bilateral exiting nerve roots. The patient was noted to undergo a left carpal tunnel release on 07/23/2013. The patient was noted to have complaints of neck pain right arm pain, right shoulder pain, and right elbow and right wrist pain. The patient's diagnoses were noted to include cervical disc degeneration, HNP cervical, cervical spinal stenosis, and carpal tunnel syndrome. The request was made for an anterior cervical fusion at C5-6, a right carpal tunnel release, a left Volar Wrist Splint, TENS unit for home, and medication refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

anterior cervical fusion C5-6, plates & screws: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back chapter, Fusion.

Decision rationale: Official Disability Guidelines recommend an anterior cervical fusion as an option in combination with an anterior cervical discectomy for approved indications although there was noted to be current evidence that was conflicting about the benefit of a fusion in general. There was a lack of documentation indicating the rationale for the requested surgery. The patient was noted to have pain in the neck, arm and shoulder. There was a lack of objective findings on examination including myotomal or dermatomal findings. The MRI of the cervical spine on 05/23/2011 revealed at the level of C4-5 there was the patient had a disc osteophyte complex bulge of 2.0 mm that compressed and displaced the spinal cord, resulting in bilateral neural foraminal stenosis effacement of the bilateral exiting nerve roots. At the level of C5-6, the patient had a disc osteophyte complex bulge of 2.2mm that compressed and displaced the spinal cord, resulting in significant bilateral neural foraminal stenosis and compression to the bilateral exiting nerve roots. The request as submitted was for an anterior cervical fusion, which, per Official Disability Guidelines, is not supported without the performance of a discectomy. Given the above, the request for an anterior cervical fusion at the level of C5-6 with plates and screws is not medically necessary.

right carpal tunnel release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

Decision rationale: ACOEM Guidelines indicate that carpal tunnel syndrome must be provided by positive findings on clinical examination and the diagnosis should be supported by nerve conduction studies before surgery is undertaken. The clinical documentation submitted for review failed to provide a recent nerve conduction study. It was noted the patient was afraid to take the test. The patient was noted to have 1 in 2008 however, official results were not provided. The patient was noted to have a positive Phalen's sign on the right. However, given the lack of documentation of positive findings on a nerve conduction study, the request for a right carpal tunnel release is not medically necessary.

left Volar Wrist Splint: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome, Splinting.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 256-266.

Decision rationale: ACOEM Guidelines indicate that when treating with a splint in carpal tunnel syndrome, scientific evidence supports the efficacy of neutral wrist splints; however, there is a lack of documentation indicating the rationale for the request. The patient was noted to be postoperative left carpal tunnel release 07/23/2013. Given the above and the lack of documentation of exceptional factors, the request for a left Volar Wrist Splint is not medically necessary.

TENS unit for home: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 115-116.

Decision rationale: California MTUS recommends a one month trial of a TENS unit as an adjunct to a program of evidence-based functional restoration for chronic neuropathic pain. Prior to the trial there must be documentation of at least three months of pain and evidence that other appropriate pain modalities have been tried (including medication) and have failed. The clinical documentation submitted for review failed to provide the patient had tried other modalities and had failed. Additionally, there was a lack of documentation indicating whether the request was for a trial or purchase. Given the above, the request for TENS unit for home use is not medically necessary.

Prilosec 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NASIDs Page(s): 69.

Decision rationale: California MTUS recommends PPI's for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review failed to provide the efficacy of the requested medication. Additionally, there was lack of documentation indicating the patient had signs and symptoms of dyspepsia. There was a lack of documentation indicating the quantity of medication being requested. Given the above, the request for Prilosec 20 mg is not medically necessary.

Norco 10/325: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco, Ongoing Management Page(s): 75, 78.

Decision rationale: California MTUS guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The clinical documentation submitted for review failed to provide documentation of the 4 A's. Additionally, it failed to provide the necessity for the requested medication. There was a lack of documentation indicating the quantity of medication being requested. Given the above, the request for Norco 10/325 is not medically necessary.

FluriFlex: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flurbiprofen, Topical analgesics, Cyclobenzaprine Page(s): 72,111,41.

Decision rationale: Flurbiprofen is classified as a non-steroidal anti-inflammatory agent. The California MTUS indicates topical analgesics are "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. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period." This agent is not currently FDA approved for a topical application. FDA approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solution. A search of the National Library of Medicine - National Institute of Health (NLM-NIH) database demonstrated no high quality human studies evaluating the safety and efficacy of this medication through dermal patches or topical administration... California MTUS Guidelines do not recommend the topical use of Cyclobenzaprine as a topical muscle relaxant as there is no evidence for use of any other muscle relaxant as a topical product. The addition of Cyclobenzaprine to other agents is not recommended." The clinical documentation submitted for review failed to support the necessity for the requested medication. There was a lack of documentation indicating that the patient had neuropathic pain and that trial of antidepressants and anticonvulsants had failed. Given the above, the request for FluriFlex, unstated quantity is not medically necessary.

Medrox patch: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105, 112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate, Topical Analgesic, , Capsaicin, and Medrox Online Package Insert. Page(s): 1.

Decision rationale: California MTUS states that topical analgesics are "Largely experimental in use with few randomized control trials to determine efficacy or safety....Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended....Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments....There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy." Additionally it indicates that Topical Salicylates are approved for chronic pain. According to the Medrox package insert, Medrox is a topical analgesic containing Menthol 5.00% and 0.0375% Capsaicin and it is indicated for the "temporary relief of minor aches and muscle pains associated with arthritis, simple backache, strains, muscle soreness, and stiffness." Capsaicin is not approved and Medrox is being used for chronic pain. There is a lack of documentation per the submitted request for the quantity of medication being requested. The request for Medrox is not medically necessary.