

Case Number:	CM13-0046165		
Date Assigned:	12/27/2013	Date of Injury:	01/20/2005
Decision Date:	04/24/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/12/2013

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. The expert reviewer is Board Certified in Internal Medicine 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 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/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 53 year old female who was injured in February 2012 while she was lifting a heavy case and developed acute low back pain with radiation to the leg. Additionally, the patient sustained a previous injury to her cervical spine when caught in an elevator door in 2005. She has been involved in multiple MVA's, the most recent in the records resulting in cervical musculoligamentous strain in 3/2013. She also has a reported history of left hand carpal tunnel. Final Determination Letter for IMR Case Number CM13-0046165 3syndrome, although 8/2013 emg of upper extremities were normal per the records. She complains of chronic neck, bilateral shoulder and low back pain. Prior treatment history has included Naproxen 500 mg, Omeprazole 20 mg, Lidoderm 0.5% patch, Relafen, and physical therapy. The patient was treated with a steroid injection at C6-7 to the cervical spine on 07/06/2010. The patient underwent cervical fusion in 2002, with subsequent surgeries including removal of hardware, cervical decompression and c3-c4 fusion in 1/2012. She has also undergone shoulder arthroscopy. Diagnostic studies reviewed include MRI of the cervical spine performed on 10/10/2011 revealed C4-5 and C5-6 levels are stable. The C6-7 level shows a minimal disc bulge at the level below the fusion which indents the thecal sac. There is a 4 mm left abnormality compressing the thecal sac and anterior cord. MRI of the left shoulder performed on 06/21/2012 revealed mild tendinosis of the supraspinatus tendon, bone island within the acromion of no clinical significance. MRI of the right shoulder performed on 09/23/2013 revealed: 1) A lateral downsloping of the acromion; There is type II acromion. 2) Prominent coracoacromial ligament slightly indenting the supraspinatus at the musculature junction; correlate clinically for impingement 3) Subcortical cyst is noted in the greater tuberosity adjacent to the site of insertion of the infraspinatus tendon 4) Abnormal high signal at the site of the

insertion of the infraspinatus tendon may represent a partial tear to the bursal surface, severe tendinosis/tendinitis, or a partial intrasubstance tear. In the most recent note provided in the records, dated 10/04/2013, documented the patient to have complaints of ongoing pain in her left shoulder 8/10, as well as right shoulder 7/10, as well as her neck 7/10. She had pain in her lower back 9/10, left knee 7/10, and left ankle 7/10. She had received physical therapy for her low back approximately seven sessions at the beginning of the year. She did have diminished range of motion with lateral bending primarily (75% of normal). There was bilateral paraspinal tenderness and spasm C4-C7. The bilateral shoulders demonstrated pain with internal rotation and cross shoulder abduction as well as abduction external rotation. Examination of the lumbar spine demonstrated tenderness at L3-S1 as well as superior iliac crest. She had negative straight leg raise bilaterally. The patient was diagnosed with 1) multilevel lumbar spondylosis; 2) Radiation both lower extremities; 3) Cervical disc bulge C5-6; 4) Left sided shoulder supraspinatus tendinosis; 5) Left lower extremity pain with pain in the left ankle; radicular versus intrinsic to the ankle itself; 6) Myofascial pain syndrome probably. None of the records documented the patient's response to oral pain medications, any previous trials of anticonvulsants or antidepressants,

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDROX PATCHES: Upheld

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

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

Decision rationale: The Expert Reviewer's decision rationale: According to the references, Medrox patch contains methyl salicylate 5%, menthol 5%, and capsaicin 0.0375%. According to the CA MTUS guidelines, topical analgesics are considered to be largely experimental in use with few randomized controlled trials to determine efficacy or safety. Capsaicin may be recommended only as an option in patients who have not responded or are intolerant to other treatments. The medical records do not establish that to be the case of this patient. In addition, the guidelines state 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. The medical necessity of this topical analgesic patch is not been established.

FLURBIPROFEN 20% GEL: Upheld

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

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

Decision rationale: According to the CA MTUS guidelines, topical analgesics are considered to be 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. However, the medical records do not establish this patient has neuropathic pain. The medical records document a 9/3/2013 electrodiagnostic study of the bilateral upper extremities was negative, for radiculopathy or neuropathy. Topical application of an NSAID, such as flurbiprofen, may be indicated for short duration use, for osteoarthritis of joints that are amenable to topical treatment, not the spine. Topical products may be considered an option in patients who or are intolerant to oral medications. The medical records do not establish that to be the case of this patient. The medical necessity of this topical analgesic is not been established.