

Case Number:	CM13-0061742		
Date Assigned:	12/30/2013	Date of Injury:	02/13/2012
Decision Date:	05/12/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/05/2013

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 Physical Medicine and Rehabilitation; has a subspecialty in Pain Management and is licensed to practice in California and Virginia. 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 60-year-old female who was injured on February 13, 2012. The mechanism of injury is unknown. Prior treatment history has included activity modifications, physiotherapy, and medication without improvement, ibuprofen, Tizanidine, and Bupropion. The patient underwent a right carpal tunnel release using endoscopic AGE technique with right distal forearm fascia release and plastic wound closure on September 23, 2013. The patient received a cervical epidural steroid injection at C5-C6 and C6-C7 bilateral to alleviate her symptoms on November 2, 2012; this has provided approximately 50-55% alleviation of her symptoms; and L4-5 and L5-S1 transforaminal bilateral injection on July 31, 2012. An MRI of the cervical spine performed on April 26, 2012 revealed a loss of intervertebral disc (IVD) height and desiccation changes were seen at the C5-C6 and C6-7 levels with straightening of the normal cervical spine lordosis. The C5-6 and C6-7 levels were annular concentric and broad based 2.6-2.8 mm disc protrusions present, flattening and abutting the anterior portion of the thecal sac, decreasing the subarachnoid space, with mild to moderate bilateral spinal and neural foraminal stenosis. There is no extrusion or sequestration of the disc material or cord compression. An office visit on October 21, 2013 indicated that the patient had complaints of continued pain and discomfort in the neck region and bilateral shoulders. The pain radiates down to bilateral forearm, hand, and fingers. The patient states that she was having headaches, dizziness, loss of memory and iffy concentrating due to her neck pain. The symptoms were increased by activity involving the use of the muscle of the neck, vigorous activity, bending over and cold environment. The patient reported that during the course of the performance of activities of daily living, there was still a significant amount of pain and stiffness of the cervical and lumbar spine and bilateral upper and lower extremities. The patient was diagnosed with cervical radiculopathy secondary to disk

protrusion at C5-6 and C6-7; and lumbar radiculopathy secondary to disk protrusion at L4-L5 and L5-S1. On examination of the cervical spine, the patient had pain in the neck radiating down to the bilateral upper extremities. She had objective factors of tenderness on palpation in the cervical spine, decreased range of motion of the cervical spine, decreased upper extremity reflexes and positive cervical compression test bilateral. Primary Treating Progress Report dated March 07, 2014 indicated that the patient presented with complaints of an acute flare up of the cervical spine and the upper back. The patient's condition had improved with conservative care. The patient benefits from combined exercise program and modalities. The patient was also complaining of headaches, neck pain, upper extremities/shoulders/arms/wrists with numbness and tingling; mid back pain, low back pain; depression, stress, fatigue, and gastrointestinal changes. Objective findings on exam revealed a negative provocation test for TO as well as a negative North test. Her reflexes were all normal at +2. Pinwheel showed normal upper C5-7 on the right and abnormal lower dermatomes L5 decreased on the right. Cervical range of motion revealed flexion to 20 degrees, extension to 15 degrees; rotation on right to 35 degrees and left to 35 degrees; lateral right 15; left 15 with pain in all motions. Foraminal compression was positive in neutral, extension and right and left lateral. Distraction test was positive; Valsalva's and Cough's tests were positive for head and neck pain, which is now normal. The patient has pain on palpation at the C2, C5-C7, T2, T6, L2, L3, L5 levels and at the sacral iliac joints.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL STEROID INJECTIONS AS C5-C6 AND C6-C7 BILATERALLY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation ODG, Neck & Upper Back Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS Page(s): 46.

Decision rationale: The California MTUS guidelines recommend Epidural Steroid Injections as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief. It is reported the patient received a cervical epidural steroid injection at C5-C6 and C6-C7 bilaterally on November 2, 2012 that provided approximately 50-55% relief. The medical records do not substantiate the patient obtained benefit lasting at least six weeks, with sustained reduction of medication use and increased function. Current physical examination does not establish the presence of radiculopathy on examination. The patient was noted to have normal sensory and reflexes, and there are no reflexes motor deficits noted. Epidural injections may be indicated for patients who would otherwise undergo surgical intervention, which is not established in this case. The medical records do not establish this patient is a candidate for cervical epidural injections. The medical necessity of epidural steroid injections has not been established.

PAIN MANAGEMENT FOLLOW UP FOR 6 MONTHS AND TREATMENT BASED ON OUTCOME OF FOLLOW UP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

Decision rationale: The guidelines state that the role of the clinician is to provide appropriate medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The medical records do not establish that the patient is a candidate for epidural steroid injections. It is reasonable that the patient's medication can be appropriately managed by her primary care physician, and as such, does not require a specialty referral. Consequently, a pain management follow up in subsequent treatment is not indicated. The medical necessity for pain management is not been established.

ZANAFLEX 4MG #60 1 TAB BID MUSCLE SPASMS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63. Decision based on Non-MTUS Citation ODG, Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN) Page(s): 63-64.

Decision rationale: The California MTUS Guidelines recommend non-sedating muscle relaxants, with caution, as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). Zanaflex is FDA approved for management of spasticity, with an unlabeled use for low back pain. The medical records do not indicate that there are muscle spasms present on examination, and do not establish that the patient presented with an acute exacerbation. In the absence of these findings, the medical necessity for Zanaflex is not been established.

GENICIN 500MG #90 1 GAB TID FOR JOINT PAIN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GLUCOSAMINE (AND CHONDROITIN SULFATE) Page(s): 50.

Decision rationale: According to the California MTUS Guidelines, Glucosamine is recommended as an option, given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. The medical records do not establish that this patient has moderate arthritis pain secondary to osteoarthritis of the knee. Therefore, the medical necessity of Genicin has not been established.

TEROCIN PAIN LOTION 240MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Drugs.com/pro/terocin

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

Decision rationale: Terocin lotion contains lidocaine and menthol. According to the California MTUS guidelines, only Lidocaine in the formulation of a Lidoderm patch may be considered for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). The medical records do not establish neuropathic pain. The guidelines state no other commercially approved topical formulations of lidocaine are indicated for neuropathic pain. Only FDA-approved products are currently recommended. Topical lidocaine is not recommended for non-neuropathic pain. The medical records do not establish Terocin lotion is medically necessary.

FLURBIPROFEN 20% TOPICAL/ LIDO 2.5% TOPICAL, AMITRIPTYLINE 5% TOPICAL NERVE PAIN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 11-113.

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

Decision rationale: According to the California MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety; and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The medical records do not provide a clinical rationale for amitriptyline, an antidepressant, as a topical compound. Topical lidocaine is only recommended as an option for neuropathic pain having failed first-line therapies; however, this patient does not have diabetic neuropathy or post-herpetic neuropathic pain. Therefore, the medical necessity of this topical compound has not been established.

CR TRANSDERMAL CREAM 150MG APPLY 2-3 DAYS: 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 TOPICAL ANALGESICS Page(s): 111-113.

Decision rationale: According to the California MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety.

Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Guidelines also state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The medical records do not indicate what this transdermal compound contains. Therefore, the medical necessity of CR transdermal has not been established.

CYCLO 10% TOPICAL/ GABA 10% TOPICAL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , , 111-113

Decision rationale: According to the CA MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Guidelines also state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. This compound contains the muscle relaxant Cyclobenzaprine, which is not recommended, as there is no evidence of using any other muscle relaxant as a topical product. In addition, gabapentin is not recommended for topical application. Therefore, the medical necessity of this topical compound is not been established.

TRAMADOL 20% TOPICAL CREAM 150GM 2-3 TIMES DAILY: Upheld

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

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

Decision rationale: According to the California MTUS guidelines, topical analgesics are an option with specific indications, many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Guidelines also state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Tramadol is a central a centrally acting synthetic opioid that is not recommended for long duration use. There is no medical justification for providing an opioid in a compounded formula. The medical records do not establish this patient is unable to tolerate oral analgesic measures. The medical necessity of topical compound Tramadol has not been established.