

Case Number:	CM13-0063916		
Date Assigned:	12/30/2013	Date of Injury:	11/23/2011
Decision Date:	04/14/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/10/2013

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 Family Practice, 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 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 45-year-old male who reported an injury on 11/23/2011. The mechanism of injury was not provided. The patient's diagnoses were noted to include sprains and strains of other and unspecified parts of the back and neck. The examination on 11/12/2011 revealed the patient had tenderness to palpation with spasms of the cervical spine and muscle guarding over the paravertebral musculature bilaterally, left side greater than right. The patient had trigger points that were palpated over the left trapezius muscle. The Spurling's maneuver was positive on the left along the C5 nerve root. The patient had decreased range of motion. Sensation in the left upper arm was decreased. The patient complained of increased neck pain with increased symptoms of radiation, numbness and tingling to the left upper extremity, increased with performing activities of daily living. It was indicated the patient was unable to sleep on a bed due to numbness and tingling. The patient completed 1 out of 6 sessions of acupuncture and had continued pain, spasm, and swelling. The treatment plan was noted to include authorization for an MRI scan of the cervical spine to assess for disc pathology given the recent symptoms of left upper extremity radiculitis, abnormal examination findings, failure to improve with a home exercise program, a Medrol Dosepak and Dendracin topical lotion.

IMR ISSUES, DECISIONS AND RATIONALES

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

DENDRACIN TOP LOTION (120 ML): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain - Topical Analgesics, Topical salicylate.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylates; Topical Analgesics; Lidoderm Page(s): 105;111;112.

Decision rationale: California MTUS indicates that Topical Salicylates are recommended and topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Benzocaine is similar to Lidocaine and Lidocaine is only recommended in a Lidoderm patch. Per the online drug insert, Dendracin includes methyl salicylate, benzocaine and menthol and it is used for: Temporary relief of minor aches and pains caused by arthritis, simple backache, and strains. The clinical documentation submitted for review failed to indicate the patient had a trial and failure of antidepressants and anticonvulsants. There was a lack of documentation indicating exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for Dendracin topical lotion 120 ml is not medically necessary.

MEDROL DOSEPAK 4 MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Online Drugs.com

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Online Drugs.com

Decision rationale: Drugs.com indicates that methylprednisone is a steroid that prevents the release of substances in the body that cause inflammation. The clinical documentation submitted for review indicated the patient had a continued flare-up. There was a lack of documentation indicating that the patient had an acute inflammation or an acute injury. The request as submitted failed to indicate a quantity for the Medrol Dosepak. Given the above, the request for Medrol Dosepak 4 mg is not medically necessary.

DIAGNOSTIC TEST - MRI OF CERVICAL SPINE: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

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

Decision rationale: ACOEM Guidelines indicate that for patients presenting with true neck or upper back problems, special studies are not needed unless a 3 or 4-week period of conservative care and observation fails to improve symptoms. The criteria for ordering imaging studies are the emergence of a red flag, or physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the

anatomy prior to an invasive procedure. They further indicate that unequivocal findings that identify specific nerve root on neurologic examination are sufficient to warrant imaging studies if symptoms persist. The clinical documentation submitted for review indicated the physician was requesting the MRI to assess for disc pathology. The documentation failed to include myotomal or dermatomal findings to support physiologic evidence of tissue insult or neurologic dysfunction. Clinical documentation indicated that the patient had symptoms that persisted in spite of a home exercise program and medications. Given the above, the request for an MRI of the cervical spine is medically necessary.