

Case Number:	CM13-0069151		
Date Assigned:	01/03/2014	Date of Injury:	06/03/2013
Decision Date:	04/21/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/20/2013

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, 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 47 year old male who was injured on 06/03/2013 while he was cleaning a grill when a piece of drywall (ceiling square) fell from the ceiling and struck him on the head. The impact abruptly pushed his head down and tilted toward the left side. He experienced immediate pain in his head, neck and both shoulders as well as dizziness. Prior treatment history has included physical therapy which did not provide relief of his symptomatology, acupuncture for head pain, and physiotherapy/chiropractic treatment. Medications include Sentra PM, Theramine, Gabapentin and topical cream. Initial report dated 11/07/2013 documented the patient to have complaints of continuous neck pain, which radiates into his head and upper back as well as bilateral shoulders. He has numbness and tingling in both arms and frequent headaches. In the thoracic spine he complains of intermittent upper/mid back pain, which radiates to his bilateral shoulders and down to the low back. He has complaints of intermittent bilateral shoulder pain, lumbar spine pain, which radiates down his legs with numbness of the left leg and tingling in both legs and feet. The patient has not undergone any surgeries. Objective findings on exam included examination of the cervical spine with the following range of motion: Measured Flexion 40 Extension 40 Right Rotation 60 Left Rotation 45 Right Lateral Flexion 30 Left Lateral Flexion 30 Palpation of the suboccipital region, cervical paravertebral muscles and levator scapulae muscles bilaterally reveals tenderness and hypertonicity. Cervical compression test was negative. Spurling's test was positive bilaterally, right greater than left. Muscle strength was 5/5 in the C5 muscle groups bilaterally. He was unable to do heel and toe walk. Muscle strength was 4/5 in the C6 and C7 muscle groups on the right side and 5/5 on the left side. Deep tendon reflexes were 2+ in the C5, C6, C7 nerve root distributions bilaterally. Sensation was normal in the C5 nerve roots bilaterally. Sensation was decreased in the C6 and C7 nerve roots on the right side and normal on the left side.

Examination of the shoulders reveals range of motion: Motions Right Left Flexion 160 160 Extension 40 40 Abduction 160 170 Adduction 40 50 Internal Rotation 60 70 External Rotation 60 70 Palpation of the trapezius and parascapular musculature bilaterally revealed tenderness and hypertonicity. Arm drop test was negative bilaterally. Supraspinatus test was positive bilaterally. Neer's impingement and Hawkin's impingement tests were positive bilaterally. Muscle strength was 5/5 with flexion, extension, abduction, adduction, internal and external rotation bilaterally. Examination of the lumbar spine revealed no evidence of edema, bruise, atrophy, discoloration, rash, scar or abrasion. Range of motion: Flexion 50 degrees, extension 20 degrees, right lateral bending 20 degrees, left lateral bending 10 degrees. Palpation of the lumbar paraspinal muscles and quadrates lumborum muscles bilaterally revealed tenderness and hypertonicity. Palpation of the gluteal muscles bilaterally revealed tenderness. Straight leg raise was positive on the right side and negative on left. Braggard's and Kemp's test were negative bilaterally. Diagnoses: Blunt head trauma Cervicothoracic strain Bilateral shoulder strain Lumbar strain Treatment Plan/Request for Authorization: 1. Urine specimen 2. Medications to include Bio-Therm topical cream and Ultram.

IMR ISSUES, DECISIONS AND RATIONALES

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

BIO-THERM TOPICAL CREAM (MENTHYL SALICYLATE 20%MENTHOL 10%CAPSAICIN 0.002%): 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: As per CA MTUS guidelines, topical analgesics are considered largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Further guidelines indicate that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, it is lack of documentation that this patient has tried and failed a trial of antidepressants or anticonvulsants prior to the request for a compounded medication. Thus, the request for Bio-Therm topical cream is non-certified.

ULTRAM (TRAMADOL) 50MG, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-82.

Decision rationale: As per CA MTUS guidelines, opioids for neuropathic pain are recommended that has not responded to first-line recommendations (antidepressants, anticonvulsants). In this case, this patient appears to have moderate to severe chronic neuropathic pain in his neck and upper/lower extremities. There is lack of documentation that this patient has tried and failed a trail of antidepressants or anticonvulsants prior to the request for this medication. Thus, the request is non-certified.

URINE DRUG TEST DOS: 11/7/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, online, Urine Drug Testing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Urine Drug Testing (UDT)

Decision rationale: As per CA MTUS and ODG, urine drug testing is recommended to assess for the use or the presence of illegal drugs and to monitor compliance with prescribed substances. The provider has requested urine drug screen to monitor true compliance and as a tool in pain management to assist in diagnostic and therapeutic decision making. However, there is no documentation of written opioid pain treatment agreement. Thus, the medical necessity has not been established and the request is non-certified.