

Case Number:	CM13-0071276		
Date Assigned:	01/08/2014	Date of Injury:	01/15/1988
Decision Date:	07/18/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/26/2013

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 Illinois. 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 injured worker is a 54 year old female who reported an injury on 01/15/1998 due to an undescribed industrial accident. The injured worker was seen on 10/24/2013 with complaints of pain in right elbow, left foot, left elbow, neck and back. Physical examination revealed tenderness in the posterior cervical and bilateral trapezial musculature. Forward flexion was to within one fingerbreadth of the chin to chest, extension to 10 degrees, lateral rotation to 60 degrees bilaterally. The diagnoses were multilevel herniated nucleus pulposus, cervical spine, rule out acute radiculopathy, status post right shoulder exploration with impingement releases, with residuals, status post left partial epicondylectomy and extensor tendon repair fibromyalgia syndrome, psychological diagnosis, left ulnar neuritis, right plantar fasciitis, chronic right lateral epicondylitis. Diagnostic studies were not submitted with the document to be reviewed. The injured worker did have physical therapy on 11/08/2013. Medication noted was Dendracin lotion apply as directed. The treatment plan was for MRI of the cervical spine and continue with Dendracin lotion. On the progress note dated 10/23/2013, the injured worker had a positive Spurling's sign. The MRI was to rule out radiculopathy. The request for authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: The request for MRI cervical spine is non-certified. The document submitted has no report of medications taken for pain in the or diagnostic studies such as x-rays, electromyography study or nerve conduction study. The injured worker did have physical therapy report dated 11/08/2013. ACOEM recommends that if unequivocal findings identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps, including the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, compute tomography [CT] for bony structures). Additional studies may be considered to further define problem areas. The report submitted for review is lacking diagnostic studies (electromyography study or nerve conduction study). Therefore, the request is non-certified.

DENDRACIN LOTION 120ML TO APPLY TOPICALLY TO BE USED AS NEEDED FOR ACUTE EXACERBATIONS WITH 3 REFILLS: 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 request for Dendracin lotion to apply topically to be used as needed for acute exacerbations with three refills is non-certified. The injured worker is complaining of pain in different areas other than cervical neck. Dendracin lotion contains capsaicin 0.0375% which by California Medical Treatment Utilization Schedule states 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. Also the guidelines state that 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. The request for authorization is non-certified.