

<b>Case Number:</b>	CM14-0008294		
<b>Date Assigned:</b>	02/10/2014	<b>Date of Injury:</b>	05/14/2007
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	01/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2014

### 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 Occupational 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 51-year-old who has submitted a claim for Ossification of Posterior Longitudinal Ligament, C3-4; C2-3 and C3-4 Cervical Myelopathy; Cervicogenic Headaches; Multilevel Disc Osteophytes with Discogenic Changes, Cervical Spine; L3-4, L4-5, and L5-S1 Disc Protrusions with Discogenic Changes; and C2-3, C3-4 Disc Extrusion, associated with an industrial injury date of May 14, 2007. Medical records from 2007 through 2014 were reviewed, which showed that the patient complained of neck, upper extremity, and mid-back pain, with intermittent gait balance problems. Pain level was 8-10+/10. On physical examination, there was tenderness over C3-C6, especially over the facet joints. Cervical spine range of motion was restricted on all planes. Weakness was noted on both hands while sensation was decreased for the left upper extremity. Deep tendon reflexes were 3+ on the left triceps, otherwise 2+ on the bilateral upper extremities. Spurling's test was positive. Hoffman test was positive on the right. Lumbar spine exam revealed tenderness over L4-5 and L5-S1. Muscle spasm was noted on the paraspinals. Lumbar range of motion was restricted on all planes. No sensorimotor deficits of the lower extremities were noted. Deep tendon reflexes were 2+ and symmetrical. Straight leg raise test was negative bilaterally. The sacroiliac joints were non-tender. Pulses were equal bilaterally. Treatment to date has included physical therapy, bilateral carpal tunnel release, and medications including Flector patch 1.3% to apply q12 hours prn for pain (since at least January 2014). Utilization review from January 10, 2014 denied the request for prospective request for 1 mri thoracic spine because there were no objective examination findings consistent with potential neurological involvement and no indications of red flags that would indicate the need for a special study of this region; and prospective request for 90 flector patches 1.3% with 3 refills because there were no indications of contraindications for oral NSAID (non-steroidal anti-inflammatory drug) use and also in consideration of the overall minimal guideline favor for use.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**One MRI of the thoracic spine:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, MRIs (Magnetic Resonance Imaging).

**Decision rationale:** CA MTUS does not specifically address magnetic resonance imaging (MRI) for the thoracic spine. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that MRI is indicated for thoracic spine trauma with neurologic deficit and patients with myelopathy that is traumatic, painful, sudden onset, stepwise progressive, or slowly progressive. In this case, MRI of the thoracic spine was requested to evaluate disc herniation, nerve impingement, stenosis, annular tear, facet pathology, degenerative segments, and delineate anatomy in consideration for future selective spinal injections. Although the patient demonstrated sensorimotor deficits of the upper extremities, the medical records failed to show progression of these symptoms. These symptoms were also noted to be of chronic in nature. There was also no evidence of thoracic spine trauma. There is no clear indication for MRI of the thoracic spine at this time. Therefore, the one MRI of the thoracic spine is not medically necessary or appropriate.

**Ninety Flector 1.3% patches with three refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 111-112.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first two weeks of treatment for osteoarthritis, but either not afterward or with a diminishing effect over another two-week period. Indications for topical NSAIDs include osteoarthritis and tendinitis of the knee and elbow or other joints that are amenable to topical treatment and short-term use (four to twelve weeks) is recommended. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. In this case, Flector patch was being prescribed since January 2014 (six months to date). However, there was no documentation of functional gains. Furthermore, the patient primarily presented with back pain and there is little evidence to support topical NSAID use for spine osteoarthritis as indicated above. Moreover, a clear

rationale for the use of Flector patches was not provided. Therefore, the ninety Flector 1.3% patches with three refills is not medically necessary.