

Case Number:	CM14-0102020		
Date Assigned:	07/30/2014	Date of Injury:	03/12/1996
Decision Date:	09/03/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/02/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Nevada. 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 71-year-old gentleman who was reportedly injured on March 12, 1996. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated May 21, 2014, indicated that there were ongoing complaints of neck pain radiating to the right upper extremity, as well as low back pain and bilateral shoulder pain. The physical examination demonstrated decreased cervical spine range of motion and a positive Spurling's test. There was decreased sensation in the right C5 and C6 dermatomal distribution and slight weakness in the right deltoid and biceps at 4/5. There was also a diminished reflexes of the right thigh seventh brachioradialis. Diagnostic imaging studies of the cervical spine indicated fusion from C4 through C7 and a 3 mm disc protrusion at C3-C4 and C4-C5. Previous treatment included cervical spine decompression and fusion at C5-C6 and C6-C7. A request was made for a magnetic resonance image of the cervical spine, flurbiprofen cream, ketoprofen/ketamine cream, and gabapentin/cyclobenzaprine/capsaicin cream and was not certified in the pre-authorization process on June 16, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Special Studies and Diagnostic and Treatment Considerations;

Criteria for ordering imaging studies. Decision based on Non-MTUS Citation ODG Neck and Upper Back (web: updated 5/30/14).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, MRI, Updated August 4, 2014.

Decision rationale: According to the Official Disability Guidelines, a repeat magnetic resonance image of the cervical spine is not indicated unless there is a significant change in symptoms and/or findings suggestive of significant pathology. The medical record does not document if the injured workers' current symptoms are different from the date of the last cervical spine magnetic resonance image in 2011. Furthermore, there is no documentation that the injured employee has failed to respond to other conservative treatment such as physical therapy. For these reasons, this request for a repeat magnetic resonance image the cervical spine is not medically necessary.

Flurbiprofen 20% cream 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; topical Analgesics Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 111-112.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines support topical non-steroidal anti-inflammatory drugs for the short-term treatment of osteoarthritis and tendinitis for individuals unable to tolerate oral non-steroidal anti-inflammatories. The guidelines support 4-12 weeks of topical treatment for joints that are amendable topical treatments; however, there is little evidence to support treatment of osteoarthritis of the spine, hips or shoulders. When noting the injured employee's diagnosis, date of injury and clinical presentation, this request for flurbiprofen cream is not medically necessary.

Ketoprofen 20%, Ketamine 10% cream 120g: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; topical Analgesics Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009); Page(s): 111-113.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, the only recommended topical analgesic agents are those including anti-inflammatories, lidocaine or capsaicin. There is no peer-reviewed evidence-based medicine to indicate that any other compounded ingredients have any efficacy. For this reason, this request for ketoprofen/ketamine cream is not medically necessary.

Gabapentin 10%/Clyclobenzaprine 10%/Capasaicin 0.0375% cream 120g: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 111-113.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, the only recommended topical analgesic agents are those including anti-inflammatories, lidocaine, or capsaicin. There is no peer-reviewed evidence-based medicine to indicate that any other compounded ingredients have any efficacy. For this reason, this request for gabapentin/cyclobenzaprine/capsaicin is not medically necessary.