MAXIMUS Federal Services

Case Number:	CM14-0104915		
Date Assigned:	07/30/2014	Date of Injury:	08/31/2013
Decision Date:	09/03/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/07/2014

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 and 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 records, presented for review, indicate that this 60 year old individual was reportedly injured on August 31, 2013. The mechanism of injury is undisclosed. The most recent progress note, dated June 2, 2014, indicated that there were ongoing complaints of neck and bilateral shoulder pains. The physical examination demonstrated a decrease in cervical, bilateral shoulders, and low back range of motion. Diagnostic imaging studies were not reviewed. Previous treatment included multiple medications, physical therapy, chiropractic care, acupuncture, and pain intervention modalities. A request was made for multiple medications and was not certified in the pre-authorization process on June 17, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound: Cyclobenzaprine 2%, Flurbiprofen 25%, 210 grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41, 64 of 127.

Decision rationale: A topical preparation that includes Cyclobenzaprine is not recommended as outlined in the Medical Treatment Utilization Schedule (MTUS). The use of this medication is

for the short term and temporary applications for acute flareups of myofascial pain. There was no specific endorsement for the use of this medication to treat indefinite long term chronic low back pain. Therefore, the medical necessity has not been established.

Compound: Capsaicin 0.025%, Flurbiprofen 20% Tramadol 15%, Menthol 2%, Camphor 2%, 210 grams: 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 of 127.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) guidelines state that topical analgesics are largely experimental, and that any compound product, that contains at least one drug (or drug class) is not recommended. Additionally, topical analgesics are primarily recommended for neuropathic pain, when trials of antidepressants and anticonvulsants have failed. As such, this request is not considered medically necessary.

Acupuncture 1 time per week for 6 weeks:

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture Page(s): 13.

Decision rationale: When noting the date of injury, the injury sustained, the treatment already rendered and by the parameters outlined in the Medical Treatment Utilization Schedule (MTUS), use of acupuncture can be supported in the acute phase of the injury. Furthermore, it was noted this intervention was indicated after other therapy has failed. Therefore, the medical necessity has not been established.

Physical Therapy 1 time per week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201.

Decision rationale: As noted in the American College of Occupational and Environmental Medicine (ACOEM) guidelines, additional, physical therapy is supported if there is a positive response to previous assessment. Otherwise, instruction in transition to home exercise protocol is all that is supported. Accordingly, the medical necessity for this intervention is not recommended.

MRI of the 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.

Decision rationale: The clinical indications noted on the physical examination are ongoing with a strained muscle spasm. However, the parameters noted in the American College of Occupational and Environmental Medicine (ACOEM) guidelines require acute cervical pain with a progressive neurological deficit. Thus this deficit was noted. Furthermore, there was no evidence of plain films establishing a possible clinical indication for such a study. According, based on the clinical rationale presented for review, this is not medically necessary.

MRI Bilateral Shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207.

Decision rationale: As noted in the American College of Occupational and Environmental Medicine (ACOEM) guidelines, the criterion for such a study is that there were red flag changes noted on plain films and physical examination findings. There was no indication of a specific red flag and there was no physiologic evidence presented for the need of a bilateral shoulder MRI. Therefore, based on the records presented for review, this request is not medically necessary.