

Case Number:	CM14-0114462		
Date Assigned:	08/04/2014	Date of Injury:	01/08/2010
Decision Date:	10/03/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	07/22/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Louisiana. 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 63 year old male who was injured on 01/08/2010. The mechanism of injury is unknown. Diagnostic studies reviewed include MRI of the neck dated 06/18/2012 demonstrated multilevel spondylosis with marked C5-6 neuroforaminal stenosis bilaterally. There are no updated studies available for review. Progress report dated 06/24/2014 states the patient presented with acute flare-up of neck pain radiating down both arms extending to bilateral hands. He has severe muscle spasms of neck. No exam is documented. The patient is diagnosed with right rotator cuff tear, right AC degenerative joint disease, and cervical HNP. He has been recommended for MRI of the cervical spine and topical creams as per RFA dated 06/24/2014. Prior utilization review dated 06/24/2014 states the request for MRI of the cervical spine without contrast is denied as it is not medically necessary; and Topical Cream (Ketamine 10%, Flurbiprofen 10%, Baclofen 2%, Cyclobenzaprine 2%, Lidocaine 2.5%, In transdermal Lipoderm) 240 gm x 2 refills is denied as it is not medically necessary and appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of cervical spine w/o contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines) Neck & Upper Back MRI

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, MRI

Decision rationale: patients with limitations of activity after four weeks and unexplained physical findings, such as effusions or localized pain, imaging may be indicated to clarify the diagnosis and assist reconditioning. Based on the lack of supporting documentation of prior findings from MRI's and no prior treatments, there are no recent or changes in findings of positive provocative signs or instability. This request is not medically necessary at this time.

Topical Cream (Ketamine 10%, Flurbiprofen 10%, Baclofen 2%, Cyclobenzaprine 2%, Lidocaine 2.5%, In transdermal Lipoderm) 240 gm x 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines) Pain: Criteria for Compound drugs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Topical Analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. It is recommended for short term use and there no long term studies of their effectiveness or safety. In this case, there is no supporting documentation or clear rationale for the request of this compound with two refills; therefore, it is not medically necessary at this time.