

Case Number:	CM14-0133762		
Date Assigned:	08/25/2014	Date of Injury:	03/19/1985
Decision Date:	10/02/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/18/2014

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 Internal 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 injured worker is a 59 year old female who had a reported date of injury of 03/19/85. There is no description of the mechanism of injury. The most recent medical record submitted for review is dated 06/26/14. The injured worker presents for follow up of her work related injury to her neck and upper extremities. The injured worker is complaining of ongoing pain to her neck with upper extremity radiculopathy. The injured worker describes her neck pain as burning which she rates at 9/10. The injured worker complains of a headache which she rates at 8/10. The injured worker complains of pain in the shoulders with a pins and needles sensation rated at 8/10. The injured worker complains of pins and needles sensation in the bilateral arms and hands which she rates 6-7/10. The injured worker is taking gabapentin, muscle relaxants, Tylenol #3 which helps. The injured worker is attending therapy and she is presently not working. The injured worker has been having increased difficulty sleeping over the last 2 months with an inability to be comfortable. Her headaches are worsening as well as her upper extremity numbness and tingling. On physical examination, the injured worker is 5 foot 6 and weighs 189 lbs. The injured worker is in no acute distress. The injured worker is pleasant and able to follow basic instructions. The injured worker is completely cooperative during examination. The injured worker is in a good mood and affect. The injured worker is alert and oriented x 3. The injured worker has a normal gait. Cervical spine, has tenderness, spasm, and tightness in the cervical spine. There is a positive compression test and Spurling's maneuver bilaterally. There is thoracic spine referral pain with midline tenderness, spasm, and tightness. Range of motion is reduced, chin to chest, flexion is 20 degrees, extension is 15 degrees, lateral bending and rotation are 30 degrees bilaterally. There is painful overhead with the shoulders with referral to the upper extremities. There is decreased sensation in the C5 and C6 dermatomes. There is decreased grip strength. Diagnoses C2-3, C3-4, C4-5, C5-6, C6-7

herniated nucleus pulposus. Mild thoracic spine herniated nucleus pulposus. Bilateral upper extremity numbness. The prior utilization review on 07/21/14 was modified. There was a request for electromyography/nerve conduction studies (EMG/NCS) studies of the bilateral upper extremities and it was modified to an EMG of her upper extremities. The other request for Tylenol #3, gabapentin, tizanidine, TG Hot cream, and Fluoroflex cream was non-certified. There is also mention that there had prior utilization reviews which suggested weaning off of medication, apparently that has not been started. Current request is for Tylenol #3 #90 with 4 refills, gabapentin 600mg #90 with 4 refills, tizanidine #60 with 4 refills, EMG/NCS of the bilateral upper extremities, TG Hot cream 240 grams, and Fluoroflex 240grams. In reviewing the medical records, there has been no significant change in her visual analog scale scores from February to June it is still rated 8/10. There is no documentation of functional improvement on the medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3 prn (1) q6hrs #90 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid use for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: Current evidenced-based guidelines indicate patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is insufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. Documentation does not indicate a significant decrease in pain scores with the use of medications. However, these medications cannot be abruptly discontinued due to withdrawal symptoms, and medications should only be changed by the prescribing physician. As such the request is not medically necessary.

Gabapentin 600mg one (1) tid #90 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 49.

Decision rationale: As noted on page 49 of the Chronic Pain Medical Treatment Guidelines, current guidelines recommend gabapentin for the treatment of neuropathic pain. The clinical documentation fails to establish the presence of objective findings consistent with neuropathy. As such, the request for gabapentin is not medically necessary.

Tizanidine 4mg one (1) bid #60 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines) Muscle Relaxants

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

Decision rationale: As noted on page 63 of the Chronic Pain Medical Treatment Guidelines, muscle relaxants are recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the patient has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. As such, the request is not medically necessary.

EMG/NCS bilateral upper extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints, Electromyography Page(s): (electronically cited).

Decision rationale: There was a request for electromyography/nerve conduction study (EMG/NCS) studies of the bilateral upper extremities and it was modified to an EMG of her upper extremities. There has been no clinical information submitted that indicates that the injured worker had the EMG. Therefore, the request is not medically necessary.

Soft cervical collar: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck chapter, Collars (cervical)

Decision rationale: The request for soft collar is not medically necessary. There is no clinical documentation submitted that indicates a purpose for the use of a soft cervical collar. The date of injury is 1985. Therefore the request is not medically necessary.

TGHot cream 240gm: 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.

Decision rationale: The safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Further, California Medical Treatment Utilization Schedule, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. This compound contains: tramadol/gabapentin/menthol/camphor/capsaicin which have not been approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore this compound is not medically necessary as it does not meet established and accepted medical guidelines.

FlurFlex 240gm: 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.

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Further, California Medical Treatment Utilization Schedule, Food and Drug Administration and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. This compound contains: flurbiprofen/cyclobenzaprine which have not been approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore this compound is not medically necessary.