

Case Number:	CM14-0173776		
Date Assigned:	10/27/2014	Date of Injury:	12/12/2013
Decision Date:	12/04/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	10/21/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of December 12, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; topical compounds; opioid therapy; epidural steroid injection therapy; unspecified amounts of acupuncture; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated October 17, 2014, the claims administrator denied a request for cervical medial branch block and a Ketoprofen-containing topical compounded cream. In an applicant questionnaire of September 19, 2014, the applicant acknowledged that he was not working and last worked some nine months prior, December 12, 2013. In a progress note of the same date, September 19, 2014, the applicant reported 3-4/10 low back and neck pain. The applicant was still using a lumbar support. The applicant stated that he had completed eight recent sessions of physical therapy and had completed 24 sessions of manipulative therapy overall. The applicant also reported ancillary complaints of tinnitus. The applicant was status post an epidural steroid injection on July 24, 2014. A rather proscriptive 10-pound lifting limitation was endorsed, which apparently was resulting in the applicant's removal from the workplace. A right-sided epidural steroid injection and an oral laryngology consultation were endorsed. In an earlier progress note dated September 17, 2014, the applicant again reported ongoing complaints of low back pain, 4-6/10. The applicant was using Norco, tramadol, and LidoPro, it was acknowledged. Authorization was sought for tramadol, Norco, a Ketoprofen-containing topical compound, and multilevel cervical medial branch blocks. In an August 18, 2014 progress note, the applicant reported ongoing complaints of neck pain and low back pain, highly variable, 2-3/10. The applicant's upper

extremity strength ranged from 5-/5 to 5/5, it was further noted. The applicant was given a diagnosis of cervical stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) bilateral medial branch block for C5-6 and C6-7: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-8, 181.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 181, diagnostic blocks such as the medial branch blocks at issue, are deemed "not recommended." In this case, it is noted, furthermore, that there is considerable lack of diagnostic clarity. The applicant is consistently described on multiple office visits, referenced above, as exhibiting weakness about the bilateral upper extremities evocative of a cervical radicular process. The applicant has also been given a diagnosis of cervical spinal stenosis in several other office visits, referenced above. The request, thus, is not indicated owing to the considerable lack of diagnostic clarity present here as well as owing to the unfavorable ACOEM position on the article at issue. Therefore, the request is not medically necessary.

Ketoprofen 20 %: 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): 111-112.

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, Ketoprofen, the article at issue, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the applicant's ongoing usage of tramadol, Motrin, Norco, etc., effectively obviates the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems the largely experimental topical compounded drug at issue. Therefore, the request is not medically necessary.