

Case Number:	CM14-0023744		
Date Assigned:	06/20/2014	Date of Injury:	06/25/2013
Decision Date:	07/21/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/25/2014

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 Texas and New York. 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 48 year old male who reported an injury on 06/25/2013 due to a fall. On 01/02/2013 he reported constant pain in his head, neck, upper back, right upper extremity, and both hands that were rated at an 8/10. A physical examination revealed tenderness over bilateral cervical paraspinal muscles, positive spurling's maneuver on the right, 5/5 motor strength symmetric in the upper extremities except for the right wrist, diminished sensation in the right C7 and C8 dermatomes of the upper extremities, and deep tendon reflexes were 2/4 in bilateral upper extremities except in the right brachioradialis and triceps which were . An MRI performed on 09/05/2013 revealed a C6-C7 disc bulge and cervical degenerative disk disease at C5-C7. His diagnoses included cervical radiculopathy, headaches, and hypertension. It was noted that the pain was alleviated with medication and relaxation. The treatment plan was for a cervical epidural steroid injection at the C6-C7 levels using an intelaminar approach under direct fluoroscopic guidance, Naproxen 550mg #60, and Menthoderm #90. The request for authorization form was signed on 01/20/2014. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical ESI @ C6-C7 utilizing an intelaminar approach under direct fluoroscopic guidance.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guideline, Epidural Steroid Injections (ESIs) Page(s): 46.

Decision rationale: The request for a cervical epidural steroid injection at C6-C7 level using an interlaminar approach under direct fluoroscopic guidance is not medically necessary. An MRI dated 09/05/2013 revealed that the injured worker had a C6-C7 disc bulge and cervical degenerative disk disease at C5-C7. California MTUS Guidelines state that ESIs are recommended as a treatment option for radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies. There is documentation of a diagnosis of cervical radiculopathy. However, the imaging studies performed do not support the diagnosis of radiculopathy. Also, the requesting physician did not provide a rationale for treatment using an ESI. Given the above, the request is not medically necessary.

Naproxen 550 MG # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guideline, NSAIDs Page(s): 67-68, 73.

Decision rationale: The request for Naproxen 550mg # 60 is not medically necessary. The injured worker was noted to have pain in the upper back, head and neck. Per California MTUS Guidelines, Naproxen is recommended as a second line treatment after acetaminophen for back pain. In addition, the maximum dose should not exceed 1250mg on day one and 1000 on subsequent days when used for pain. There is no documentation stating that the injured worker has utilized acetaminophen as the first line of treatment. Also, the frequency of the medication was not included in the request. The documentation provided lacks the necessary information needed to warrant the use of Naproxen. Given the above, the request is not medically necessary.

Menthoderm # 90.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guideline, Topical Analgesics Page(s): 111-114.

Decision rationale: The request for Mentoderm #90 is not medically necessary. The use of topical analgesics such as Mentoderm is largely experimental in use with few randomized controlled trials to determine efficacy and safety. Per California MTUS Guidelines, the use of topical analgesics is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no documentation stating that the injured worker is experiencing neuropathic pain. In addition, the frequency and specific location for the medication was not provided within the request. The documentation provided lacks the necessary

information needed to determine the necessity of Methoderm. As such, the request is not medically necessary.