

Case Number:	CM14-0036728		
Date Assigned:	06/25/2014	Date of Injury:	02/22/2011
Decision Date:	08/13/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/26/2014

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 58-year-old female was reportedly injured on February 22, 2011. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated March 20, 2014, indicated that there were ongoing complaints of neck pain. The physical examination demonstrated a 5'8", 218-pound individual with well healed surgical scars on the abdomen and shoulder. There was tenderness to palpation of the left shoulder and left side of the neck. Muscle strength was 5/5. Sensation was reported slightly decreased in the C6 & C7 dermatomes. Heel and toe walking were noted to be within normal limits. A left shoulder surgery had been completed, as well as a cervical surgery. Diagnostic imaging studies were not presented for review. Previous treatment included multiple surgeries, multiple medications, physical therapy and other conservative measures. A request had been made for an MRI the cervical spine and topical cream and was not certified in the pre-authorization process on March 12, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Closed MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 181-183.

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, updated July 2014.

Decision rationale: Parameters are used as outlined in the Official Disability Guidelines as a clinical indication for a repeat MRI after surgery and would require severe or progressive neurological deficits, and plain radiographs demonstrating spondylosis with appropriate neurological signs and symptoms being present, or there be a recurrent cervical trauma. The clinical records reviewed gave no indication for repeat MRI. Therefore, the request cannot be deemed as medically necessary.

NSAID (non-steroidal anti-inflammatory drug) cream for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 111-112 of 127.

Decision rationale: As outlined in the Chronic Pain Medical Treatment Guidelines, the efficacy in clinical trials of topical non-steroidals has been inconsistent at best, and there is insufficient data demonstrating the efficacy or utility of this delivery model. Furthermore, the progress notes, presented for review, did not demonstrate any efficacy or utility. Therefore, when considering the findings noted on progress note and by the literature citations, there is insufficient data to suggest a medical necessity of this preparation.

Norco 10/325 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Hydrocodone/Acetaminophen Page(s): 91, 77-80,94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 74-78 of 127.

Decision rationale: When noting the date of injury, the injury sustained, the findings on physical examination, there was no objective increase in functionality or decrease in symptomatology to suggest that this medication has any noted efficacy or utility. Therefore, when considering the Chronic Pain Medical Treatment Guidelines outlines this as indicated for the short-term management of moderate to severe pain, and that there is no indication of any improved functional status of pain relief, there was insufficient data presented to support the continued use of this medication. This is not medically necessary.