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| Case Number: | CM14-0039531 | | |
| Date Assigned: | 06/27/2014 | Date of Injury: | 10/27/2011 |
| Decision Date: | 08/18/2014 | UR Denial Date: | 03/26/2014 |
| Priority: | Standard | Application Received: | 04/01/2014 |

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 Anesthesiology, has a subspecialty in Pain 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 32-year-old male who reported an injury to his cervical region. The initial injury occurred on 10/27/11 because of a motor vehicle accident when the injured worker's vehicle was rear ended. The utilization review dated 03/26/14 resulted in a denial for an MRI of the cervical spine as no information had been submitted regarding the injured worker's significant changes in the clinical status. No information had been submitted regarding the injured worker's failure of conservative treatments. A non-certification regarding a neurology consult was also identified in that the request was made 29 months after the date of injury with no demonstrated association between the request and the initial injury. Additionally, no information had been submitted regarding any significant findings indicating the need for a topical ointment. The initial injury occurred on 10/27/11 because of a motor vehicle accident when the injured worker's vehicle was rear ended. The clinical note dated 03/17/14 indicates the injured worker continuing with low back pain, headaches, and left upper extremity pain. The injured worker also reported radiating pain into the left lower extremity in the L5 distribution. The injured worker rated the pain as 7-9/10 on the visual analog scale. The note indicates the injured worker utilizing Ultram and Medrox patches for pain relief. The note indicates the injured worker having decreased sensation along the left C8 distribution. The agreed medical examination dated 06/12/13 indicates the injured worker having low back complaints that had become stabilized. The injured worker also described a constant dull ache in the left knee which was exacerbated with weight bearing activities. The clinical note dated 03/17/14 indicates the injured worker showing decreased sensation along the left C8 distribution. The injured worker was recommended for a cervical MRI, a consultation, as well as the use of Menthoderm.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): : 92.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: The documentation indicates the injured worker complaining of a loss of sensation in the C8 distribution. However, this appears to be subjective in nature as no provocative findings were identified in the clinical notes confirming the C8 deficits. Therefore, it is unclear if the injured worker would benefit from an MRI of the cervical spine. Given the lack of confirmatory evidence regarding radiculopathy specifically from the cervical region, this request is not medically necessary.

Neurology Consult: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7 - IME and Consultations, Page 503.

Decision rationale: The documentation indicates the injured worker having subjective complaints involving neurologic deficits. However, without clinical exam findings confirmed by provocative testing, it does not appear that confirmatory evidence exists regarding the injured workers need for a neurology consult. Given the lack of information regarding the injured worker's exam findings confirming a neurologic deficit, this request is not medically necessary.

MethodermTopical Ointment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (OGD) - Pain Chapter.

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

Decision rationale: 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 (CAMTUS), Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be 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 cannot be recommended as medically necessary, as it does not meet established and accepted medical guidelines. The request is not medically necessary.