

Case Number:	CM14-0054386		
Date Assigned:	07/11/2014	Date of Injury:	09/13/2012
Decision Date:	09/08/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	04/23/2014

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 55 year-old individual was reportedly injured on 9/13/2012. The mechanism of injury is noted as a fall. The most recent progress note, dated 4/2/2014, indicates that there are ongoing complaints of neck, upper back, left wrist and hand, lumbar spine, and left knee pain. The physical examination demonstrated cervical spine: +3 spasm and tenderness to palpation bilateral paraspinal muscles from C4-C7, bilateral suboccipital muscles, and bilateral upper shoulder muscles. Distraction test was positive bilaterally. Shoulder depression test was positive bilaterally. Thoracic spine: +2 spasm and tenderness to the bilateral thoracic paraspinal muscles from T1-T7. Lumbar spine: +3 spasm and tenderness to the bilateral lumbar paraspinal muscles from L3-S1. Kemps Test was positive bilaterally. Straight leg raise test was positive bilaterally. Yeoman's test was positive bilaterally. Braggards was positive bilaterally. Left and right hamstring and Achilles reflex was decreased. Wrist/hand: +3 spasm and tenderness to the left anterior wrist, thenar Eminence, and left thumb. Positive Tinnel's on the left. Bracelet test was positive on the left. Finkelstein's is positive on the left. Knees: +2 spasm and tenderness to the left anterior joint line, left quadriceps vastus medialis, and popliteal fossae. Positive Varus/Valgus on the left. Positive McMurray's, positive anterior/posterior drawer on the left. No recent diagnostic studies are available for review. Previous treatment includes medication and conservative treatment. A request had been made for an MRI of the cervical spine, orthopedic consultation, Flurbiprofen 15%, Cyclobenzaprine 2%, Baclofen 2%, Lidocaine 5%, Topical compound Flurbiprofen 15%, Cyclobenzaprine 2%, Baclofen 2%, Lidocaine 5%, and was not certified in the pre-authorization process on 4/16/2014.

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): 178.

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) Cervical and Thoracic Spine Disorders - Diagnostic Investigations - MRI (electronically cited).

Decision rationale: ACOEM treatment guidelines support an MRI of the cervical spine for patients with subacute or chronic radicular pain syndromes lasting at least 4 to 6 weeks in whom the symptoms are not trending towards improvement if both the patient and surgeon are considering prompt surgical treatment, assuming the MRI confirms ongoing nerve root compression. Review of the available medical records report tenderness to palpation, muscle spasm, but minimal radicular findings on physical exam. As such, the request is not considered medically necessary.

Surgical consult (Orthopedic): Upheld

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

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 - Independent Medical Examinations and Consultations, page 127.

Decision rationale: MTUS ACOEM guidelines state "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Review of the available medical records, documents low back and left knee pain without radicular symptoms at their last office visit. The treating physician has requested consultation with an orthopedic specialist for surgical consideration. However the treating physician is an orthopedic surgeon, therefore this request is deemed not medically necessary.

Topical compound (Lidocaine 6%, Gabapentin 10%, Tramadol 10%): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: MTUS guidelines state that topical analgesics are "largely experimental" and that "any compound product that contains at least one drug (or drug class) that is not recommended, is not recommended". Additionally, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As such, this request is not considered medically necessary.

Topical compound (Flurbiprofen 15%, Cyclobenzaprine 2%, Baclofen 2%, Lidocaine 5%): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: MTUS guidelines state that topical analgesics are "largely experimental" and that "any compound product that contains at least one drug (or drug class) that is not recommended, is not recommended." Additionally, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As such, this request is not considered medically necessary.