

Case Number:	CM14-0058557		
Date Assigned:	07/09/2014	Date of Injury:	05/07/2012
Decision Date:	09/10/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/29/2014

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 May 7, 2012. Thus far, the applicant has been treated with analgesic medications, attorney representation, transfer of care to and from various providers in various specialties, adjuvant medications and muscle relaxants. In a Utilization Review Report dated April 4, 2014, the claims administrator denied a request for cervical MRI imaging, Norflex, and Neurontin. The claims administrator cited non-MTUS ODG Guidelines to deny the cervical MRI despite the fact that the MTUS did address the topic. The applicant's attorney subsequently appealed. On April 20, 2014, the applicant presented with persistent complaints of mid and upper back pain with associated symptoms of spasm. The applicant had complaints of radicular pain about the upper extremities, right greater than left, with associated numbness, tingling, and paresthesias. The applicant was reportedly attending school to become a real estate agent. 4- to 4/5 strength was noted about the bilateral upper extremities, apparently limited secondary to pain. Spurling maneuver was positive. Diminished sensorium was noted about the right upper extremity. MRI imaging of the cervical spine, naproxen, Norflex, Protonix, and Neurontin were endorsed while the applicant was given a 20-pound lifting limitation. While there was no explicit discussion of medication efficacy, the attending provider did state that the applicant would continue home exercises at home. The attending provider acknowledged that the applicant had already been on Norflex for two months. On August 5, 2014, the attending provider complained that the claims administrator had denied all request without making a bona fide attempt to make attending provider contact. On March 28, 2014, the applicant reported persistent complaints of 4-6/10 neck pain radiating into the arms. The medications reportedly gave the applicant some relief, it was acknowledged.

Cervical MRI imaging to determine the presence of disk herniation or spinal stenosis was endorsed, along with prescription for Naproxen, Norflex, and Neurontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Cervical Spine: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-8, page 182.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 8, Table 8-8, Page 182, MRI and/or CT imaging of the cervical spine are recommended in applicants to help validate a diagnosis of nerve root compromise, based on history and physical exam findings, in preparation for an invasive procedure. In this case, the attending provider has posited that the applicant could be a candidate for an invasive procedure, based on the outcome of the cervical MRI. The applicant does have history and physical exam findings suggestive of an active cervical radiculopathy, including neck pain radiating into the arms with associated dysesthesias and muscle weakness appreciated on exam. MRI imaging to further evaluate the same is indicated. Therefore, the request is medically necessary.

Norflex 100 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants topic Page(s): 63.

Decision rationale: While page 63 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations of chronic low back pain, in this case, however, the attending provider is seemingly intent on employing Norflex for chronic, long-term, scheduled, and/or daily use purposes. The attending provider had himself acknowledged in an April 2014 appeal letter that the applicant had already been using Norflex for a minimum of two months. Long-term usage of Norflex is not indicated, per page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

Neurontin 600mg: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin section; MTUS 9792.20f Page(s): 19.

Decision rationale: As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants on gabapentin or Neurontin should be asked "at each visit" as to whether there have been improvements in pain and/or function achieved as a result of the same. In this case, the attending provider's reporting, while at times incomplete, does establish the presence of at least temporary analgesia achieved with ongoing Neurontin usage. The attending provider has also posited that the applicant's ability to perform home exercises, including daily range of motion and strengthening exercises, has been ameliorated with ongoing Neurontin usage. The attending provider has also noted that the applicant is attending a course to become a real estate agent. All of the above, taken together, suggest there is some evidence of functional improvement as defined in MTUS 9792.20f achieved through ongoing Neurontin usage so as to justify continuing the same. Therefore, the request is medically necessary.