

Case Number:	CM14-0059422		
Date Assigned:	09/05/2014	Date of Injury:	04/12/2012
Decision Date:	10/20/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/30/2014

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 63-year-old individual was reportedly injured on April 12, 2012. The mechanism of injury was noted as involvement in a motor vehicle accident. The most recent progress note, dated July 15, 2014, indicated that there were ongoing complaints of neck pain and low back pain. The physical examination demonstrated a decrease in cervical and lumbar spine range of motion, some tenderness to palpation and a decrease in straight leg raising. Diagnostic imaging studies report was pending. Previous treatment included electrodiagnostic studies, physical therapy, multiple medications, and pain management interventions. A request had been made for Norco 2.5/325 mg, Fexmid 7.5mg (unspecified dosage and quantity), Flurbiprofen 25%/ lidocaine 5%/ Menthol 5%/ Camphor 1%, tramadol 15%/ lidocaine 5%/ Dextromethorphan 10%/ Capsacin 0.025%(unspecified dosage and quantity), cervical MRI, electromyography of the right upper extremity and nerve conduction study of the right upper extremity and was not certified in the pre-authorization process on April 9 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 2.5/325 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 79-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

Decision rationale: Norco (hydrocodone/acetaminophen) is a short acting opiate indicated for the management in controlling moderate to severe pain. This medication is often used for intermittent or breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose that establishes improvement (decrease) in the pain complaints and increased functionality, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. There is no objective clinical documentation of improvement in the pain or function with the current regimen. As such, this request for Norco is not considered medically necessary.

Fexmid 7.5mg (unspecified dosage an quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41, 64.

Decision rationale: MTUS Guidelines support the use of skeletal muscle relaxants for the short-term treatment of pain but advises against long-term, chronic or indefinite use. Given the claimant's date of injury and the current clinical presentation and, by the guidelines, there is no support for this request for chronic pain. As such, the request is not medically necessary.

Flurbiprofen 25%/ lidocaine 5%/ Menthol 5%/ Camphor 1%: Upheld

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

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

Decision rationale: MTUS guidelines support topical NSAIDs for the short-term treatment of osteoarthritis and tendinitis for individuals unable to tolerate oral non-steroidal anti-inflammatories. The guidelines support 4-12 weeks of topical treatment for joints that are amendable topical treatments; however, there is little evidence to support treatment of osteoarthritis of the spine, hips or shoulders. When noting the claimant's diagnosis, date of injury and clinical presentation, this request is not considered medically necessary.

Tramadol 15%/ lidocaine 5%/ Dextromethorphan 10%/ Capsacin 0.025%(unspecified dosage an quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, the only recommended topical analgesic agents are those including anti-inflammatories, lidocaine, or capsaicin. There is no peer-reviewed evidence-based medicine to indicate that any other compounded ingredients have any efficacy. Furthermore, the progress notes do not demonstrate any improved functionality or decreased symptomology. For this reason, this request is not medically necessary.

Cervical MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability 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): Cervical and Thoracic Spine Disorders: Diagnostic Investigations; MRI (Electronically Cited)

Decision rationale: As outlined in the ACOEM guidelines, MRI is recommended when there is acute cervical pain, a progressive neurological deficit, or significant trauma with no improvement. None of these criterion is noted. Furthermore, a qualified medical examination report is pending. As such, there is insufficient clinical information presented to support the medical necessity of this request.

Electromyography Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

Decision rationale: ACOEM practice guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurological dysfunction in patients where a CT or MRI is equivocal and there are ongoing upper extremity symptoms that have not responded to conservative treatment. There is no documentation of any neurological compromise. Given the lack of documentation to support EMG or NCV studies, this request is not considered medically necessary.

Nerve Conduction Study Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

Decision rationale: ACOEM practice guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurological dysfunction in patients where a CT or MRI is equivocal and there are ongoing upper extremity symptoms that have not responded to conservative treatment. There is no documentation of any neurological compromise. Given the lack of documentation to support EMG or NCV studies, this request is not considered medically necessary.