MAXIMUS Federal Services

Case Number:	CM14-0070688		
Date Assigned:	08/06/2014	Date of Injury:	10/26/1995
Decision Date:	09/23/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/03/2014

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:

This is a 65 year old female with a 10/26/1995 original date of injury. The exact mechanism of injury was not clearly described. A progress report dated 6/30/14 noted subjective complaints of constant neck pain rated 5/10. She also complained of left wrist pain, intermittent low back pain and intermittent left knee pain. Her current medications included ibuprofen as needed. Objective findings included left knee tenderness. At that time it was noted that she had not yet started physical therapy as the request authorization needed approval. A progress report dated 5/23/14 noted that she had attended six physical therapy sessions for her left knee which has helped decrease her pain and increased her activity and range of motion. It also noted her neck pain had been unchanged since prior office visit. A progressive report dated 3/17/14 noted objective findings of right sided cervical tenderness and spasms, weakness in the triceps and wrist flexors, and decreased senstaion along the posterior aspect of the right arm. Diagnostic Impression: cervical stenosis s/p injection with improvement, bilateral upper extremity radiculopathy, failure of non-operative treatments including cervical epidural steroid injection. Treatment to Date: Medication management, physical therapy, prior cervical epidural steroid injection. A UR decision dated 3/27/14 denied a request for 2nd cervical epidural steroid injection at C6-C7 level on the right. Repeat procedures are dependent upon evidence of at least 50% symptom relief for 6 to 8 weeks. Despite the statement that the patient had 50% pain relief for five months, this is not evident in the available medical records. One month following the previous injection, the patient reported constant neck pain with radiation. The provider stated the injections only offered temporary improvement and reported failured of cervical epidural injections. It also denied a request for 12 physical therapy sessions for cervical spine and upper extremities. It was stated in 3/17/14 report that the patient would start physical therapy due to a recent authorization of this treatment. As the patient has not yet completed an initial trial of therapy to the cervical spine and

upper extremity, her response to that care is unknown. It also denied a request for 90 Motrin 800 mg. The patient has utilized motrin since April 2013, which no reported adverse side effects. The continued use of Motrin would be indicated. The text conflicted with the ultimate non-certification. It also denied a request for 30 Medrox Patches. Capsaicin is not supported in this formulation and there is no scientific evidence to support topical menthol. It also denied a request for Gabapentin 10%/Cyclobenzaprine 10% 120 gm. Topical gapabentin is not recommeneded due to lack of peer-reviewed literature. There is no evidence to support cyclobenzaprine as a topical product. It also denied a request for Flurbiprofen 20% cream 120 gm. Flurbiprofen is not currently FDA approved or topical application. It also denied a request for Ketoprofen 20%/ketamine 10% cream 120 gm. Ketoprofen is not currently FDA approved for topical application. The topical use of ketamine is under study and only recommended for treatment of neuropathic pain in refractory cases when all primary and secondary treatments have been exhausted. It also denied a request for Gapapentin 10%/Cyclobenzaprine 10%/Capsaicin 0.0375% cream 120g. There is no evidence for gapapentin or cyclobenzaprine topically.

IMR ISSUES, DECISIONS AND RATIONALES

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

2nd cervical epidural steroid injection at C6-C7 level on the right: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:AMA Guides (Radiculopathy).

Decision rationale: The California MTUS supports epidural steroid injections in patients with radicular pain that has been unresponsive to initial conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In addition, no more than two nerve root levels should be injected using transforaminal blocks, and no more than one interlaminar level should be injected at one session. Furthermore, California MTUS states that repeat blocks should only be offered if at least 50% pain relief with associated reduction of medication use for six to eight weeks was observed following previous injection. However, although the patient has documented subjective and objective findings consistent with cervical radiculopathy, there is no corroborating imaging studies available for review such as MRI. Additionally, physical therapy has not yet been done on the cervical/upper extremity region. Furthermore, patient underwent a prior cervical ESI which had unclear results. There is documentation that there was failure of the prior cervical ESI. Therefore, the request for 2nd cervical epidural steroid injection at C6-C7 level on the right was not medically necessary.

12 Physical therapy sessions for the cervical spine and upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Physical Therapy Guidelines Neck and upper back Acute and chronic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical TherapyPain, Suffering, and the Restoration of Function Page(s): 98-99, 114. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines support an initial course of physical therapy with objective functional deficits and functional goals. The patient has documented cervical and upper extremity subjective as well as objective findings. These include complaints of pain, decreased range of motion, as well as objective findings of tenderness, spasm, and decreased sensation along the posterior aspect of the right arm. The ODG guidelines allow 12 visits over 10 weeks for Brachia radiculitis. However, the patient has a 1995 original date of injury. It is unclear how much, if any, physical therapy she has previously received to her cervical and upper extremity region. There are no physical therapy records provided for review. Therefore, the request for 12 physical therapy session for the cervical spine and upper extremities was not medically necessary.

90 Motrin 800mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDs.

Decision rationale: The California MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. The patient has been documented to have previous been on Motrin as needed. There is no mention of any GI upset or any other adverse reactions. Therefore, the request for 90 Motrin 800 mg was medically necessary.

30 Medrox Patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or

Medical Evidence: (http://www.dailymedplus.com/monograph/view/setid/a9343d24-8435-4a51-98a2-b7976cd369ab).

Decision rationale: Regarding Medrox patches, a search of online resources identified Medrox Patches to contain 0.0375% Capsaicin, 5% Menthol, and 5% Methyl Salicylate. California MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. California MTUS Chronic Pain Medical Treatment Guidelines does not accept capsaicin at a concentration greater than 0.025%. There is no clear rationale for using this medication as opposed to supported alternatives. Therefore, the request for 30 Medrox Patches was not medically necessary.

Gabapentin 10% Cyclebenzaprine 10% 120gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Boswellia Serrata Resin, Capsaicin, Topical Analgesics Page(s): 25, 28, 111-113.

Decision rationale: The California MTUS states that topical Gabapentin is not recommended. There is no peer-reviewed literature to support use. The California MTUS Chronic Pain Medical Treatment Guidelines do not support muscle relaxants for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no specific rationale provided as to why the patient needs this medication despite lack of guidelines support. Therefore the request for Gabapentin 10% Cyclebenzaprine 10% 120gm was not medically necessary.

Flurbiprofen 20% cream 120 gm: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation x Other Medical Treatment Guideline or Medical Evidence: FDA (Flurbiprofen).

Decision rationale: CA MTUS does not address this issue. In review of online resources, Flurbiprofen is not currently FDA recommended for topical application. There is no specific rationale provided as to why the patient needs this medication despite lack of guidelines support. Therefore, the request for Flurbiprofen 20% cream 120 gm was not medically necessary.

Ketoprofen 20% Ketamine 10% Cream 120gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Boswellia Serrata Resin, Capsaicin, Topical Analgesics Page(s): 25, 28, 111-113.

Decision rationale: The California MTUS states that topical ketamine has only been studied for use in non-controlled studies for CRPS I and post-herpetic neuralgia and both have shown encouraging results. The exact mechanism of action remains undetermined. The California MTUS does not recommend ketoprofen for topical application. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no specific rationale provided as to why the patient needs this medication despite lack of guidelines support. Therefore, the request for Ketoprofen 20% Ketamine 10% Cream 120gm was not medically necessary.

Gabapentin 10% Cyclobenzaprine 10% Capsaicin 0.0375% 120gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Boswellia Serrata Resin, Capsaicin, Topical Analgesics Page(s): 25, 28,111-113.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no specific rationale provided as to why the patient needs this medication despite lack of guidelines support. Therefore, the request for Gabapentin 10% Cyclobenzaprine 10% Capsaicin 0.0375% 120gm was not medically necessary.