

Case Number:	CM14-0075942		
Date Assigned:	07/16/2014	Date of Injury:	04/08/1998
Decision Date:	08/14/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/23/2014

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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 74-year-old employee with date of injury of 4/8/1998. Medical records indicate the patient is undergoing treatment for cervical disc disease; cervical radiculopathy; chronic pain; chronic myofascial pain; cervicgia; cervical facet disease; left carpal tunnel release (date unknown) and peripheral suprascapular neuralgia. Subjective complaints include prior cervical epidural injection on 11/12 provided significant relief for 4 months; Neurontin and topical creams help activities of daily living; currently the pain level is 10+. Objective findings include recurrent pain; alignment and curvature are grossly normal; mild C1-T7 facet joint tenderness; myofascial trigger point in the left mid-trapezius/rhomboid musculature; left medial scapular pain; tenderness along the paravertebral border in the upper thoracic region, T2-T4; scapulothoracic articulation dysfunction secondary to the subscapular adhesion; scapulothoracic and glenohumeral range of motion is reduced; sensory is intact and symmetrical throughout the bilateral upper extremities; deep tendon reflexes are at the bilateral biceps, brachioradialis and triceps tendons. Pathological reflexes are absent. Motor reflexes are 5/5 globally throughout the bilateral upper extremities. Treatment has consisted of TENS unit; cervical epidural injection (11/12); Neurontin tablets; chiropractic care; and Tramadol/Ketoprofen/Gabapentin 20%. The utilization review determination was rendered on 5/4/2014 recommending non-certification of topical cream: Tramadol/Ketoprofen/Gabapentin 20%, chiropractic care for 6 sessions in treatment of the neck and cervical epidural steroid injection (ESI) C6-7, C7-T1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Cream: Tramadol/Ketoprofen/Gabapentin 20%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Topical Analgesics.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines on topical analgesics indicates that topical medications are largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is also noted this particular formulation contains agents that are not recommended for topical use under guidelines, specifically Tramadol and Gabapentin. The guidelines also indicate that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. As such, the request for topical cream Tramadol/Ketoprofen/Gabapentin 20% is not medically necessary.

Chiropractic x6 (Neck): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck, Chiropractic, Manipulation.

Decision rationale: MTUS states that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. The Official Disability Guidelines (ODG) states, adverse effects: recent evidence casts some doubt concerning a causal relationship for stroke, and there is a similar association between chiropractic services and subsequent vertebral artery stroke as also observed among patients receiving general practitioner services. (Haldeman, 2008) Previous studies had suggested more caution concerning the risks of cerebrovascular accidents. (Smith, 2003) (Malone, 2003) (Mitchell, 2004) (Hurwitz, 2004) Adverse reactions to chiropractic care for neck pain may be common and they appear more likely to follow cervical spine manipulation than mobilization. (Hurwitz, 2005) A recent structured review concluded that the exact incidence of vertebral artery dissection (VAD) and stroke following cervical spine manipulation therapy (CSMT) is unknown, but findings in different studies suggest that these complications are more common than reported in the literature. Since there is a large amount of evidence from many reports regarding an association between neurologic damage and cervical manipulation, and because there are no identifiable risk

factors, anyone who receives CSMT can be at risk of neurologic damage. It is important for patients to be well informed before undergoing this kind of procedure and for physicians to recognize the early symptoms of this complication so that catastrophic consequences. Additionally the treating physician has not provided evidence of exacerbation of the original injury, and details of previous manual therapy trial treatments and failures. The treating physician has not provided documentation to approve chiropractic therapy at this time. As such, the request for chiropractic care for 6 sessions in treatment of the neck is not medically necessary.

Cervical Epidural Steroid Injection (ESI) C6-7, C7-T1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state that epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Epidural steroid injection can offer short-term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. MTUS further defines the criteria for epidural steroid injections to include: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). While the patient was previously successfully treated with a cervical epidural injection, the current medical documents provided show that motor and sensory are intact and the treating physician has not provided evidence of cervical radiculopathy. As such, the request for Cervical Epidural Steroid Injection (ESI) C6-7, C7-T1 is not medically necessary.