

Case Number:	CM14-0077508		
Date Assigned:	07/18/2014	Date of Injury:	01/15/2013
Decision Date:	09/17/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/27/2014

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, has a subspecialty in Pain Medicine and Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 injured worker has a history of work injury occurring on 01/15/13. The injured worker has participated in chiropractic care and physical therapy, including an exercise program is documented with an evaluation on 03/06/13. On 11/12/13, the injured worker was having ongoing low back pain radiating into the right lower extremity rated at 7/10 and numbness throughout the right side of her body. Prior treatments have included lumbar epidural injections, acupuncture, heat/cold, and knee and lumbar supports with limited improvement. On 12/19/13, she underwent multiple interventional procedures with an epidural injection, facet blocks, and percutaneous disc decompression. On 01/06/14, she was having radiating low back pain, right knee pain, mid and upper back pain, and left knee pain. Physical examination findings included cervical thoracic and lumbar spine tenderness with lumbar spine paraspinal muscle spasms. There was positive straight leg raising and trigger points were present. She had tenderness over the left wrist, hand, right ankle and foot, and both knees. There had been no improvement after an epidural injection. Fluriflex, TGHOT, Omeprazole, and Motrin were prescribed. She was referred for the extracorporeal shockwave therapy (ESWT) of the lumbar spine. ESWT had been previously performed to the right knee for patellar tendinitis and cervical spine for myofascial pain. ESWT for the lumbar spine was started on 02/18/14. An MRI of the cervical spine on 03/24/14 showed findings of mid and lower multilevel foraminal spinal stenosis. On 04/01/14, the multiple interventional procedures were repeated. She was seen on 04/23/14, and presented with low back and right knee pain. She was no longer having neck, mid or upper back, left wrist, left hand, left knee, right ankle, or right foot pain. Physical examination findings included an absence of cervical or thoracic spine tenderness. There was lumbar spine tenderness with decreased range of motion and bilateral knee tenderness. An MRI of the lumbar spine is

referenced as showing disc protrusions with stenosis. On 06/04/14, she was having radiating neck and low back pain. She was having mid and upper back pain and bilateral knee pain. Physical examination findings included tenderness throughout the cervical, thoracic, and lumbar spine with lumbar spine muscle spasm. There was left wrist, hand, and bilateral knee tenderness.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of 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 Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Magnetic resonance imaging.

Decision rationale: The injured worker is more than 1 years status post work-related injury and continues to be treated for radiating neck and low back pain. Treatments have included multiple injections, medications, therapy, acupuncture, and modalities. A repeat cervical spine MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology such as tumor, infection, fracture, neurocompression, or recurrent disc herniation. In this case, the injured worker is being treated for chronic neck pain and has already had a cervical spine MRI. There is no identified new injury and there are no findings suggestive of significant pathology as outlined above. Therefore the cervical spine MRI was not medically necessary.

EMG of bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Electromyography (EMG) Other Medical Treatment Guideline or Medical Evidence: AANEM Recommended Policy for Electrodiagnostic Medicine.

Decision rationale: The injured worker is more than 1 years status post work-related injury and continues to be treated for radiating neck and low back pain. Treatments have included multiple injections, medications, therapy, acupuncture, and modalities. When seen by the requesting provider, there were no neurological deficits and no examination findings that would suggest peripheral nerve entrapment or injury. She has already had an MRI of the cervical spine which was negative for significant neural compromise. Therefore, EMG of the upper extremities was not medically necessary.

NCV of bilateral 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; Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Nerve conduction studies (NCS) Other Medical Treatment Guideline or Medical Evidence: AANEM Recommended Policy for Electrodiagnostic Medicine.

Decision rationale: The injured worker is more than 1 years status post work-related injury and continues to be treated for radiating neck and low back pain. Treatments have included multiple injections, medications, therapy, acupuncture, and modalities. When seen by the requesting provider, there were no neurological deficits and no examination findings that would suggest peripheral nerve entrapment or injury. She has already had an MRI of the cervical spine which was negative for significant neural compromise.

Fluriflex 180 grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, p60 (2) Topical Analgesics Page(s): 111-113.

Decision rationale: The injured worker is more than 1 years status post work-related injury and continues to be treated for radiating neck and low back pain. Treatments have included multiple injections, medications, therapy, acupuncture, and modalities. FlurFlex is a combined medication including Flurbiprofen and cyclobenzaprine. Flurbiprofen is a non-steroidal anti-inflammatory medication. Compounded topical preparations of Flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications, such as diclofenac. Cyclobenzaprine is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time. Therefore, Fluriflex was not medically necessary.

TGHot 180 grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, (2) Topical Analgesics Page(s): 60 111-113.

Decision rationale: The injured worker is more than 1 years status post work-related injury and continues to be treated for radiating neck and low back pain. Treatments have included multiple injections, medications, therapy, acupuncture, and modalities. TGHot is a combined medication including Gabapentin. Oral Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy, postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Its use as a topical product is not recommended. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time. Therefore, the request is not medically necessary.