

Case Number:	CM14-0086034		
Date Assigned:	07/23/2014	Date of Injury:	06/27/2011
Decision Date:	09/19/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/09/2014

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 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 injured worker is a 42-year-old male who reported an injury on 06/27/2011. The injured worker was reportedly struck in the head by a falling metal lid. Current diagnoses include cervical radiculopathy, left occipital neuralgia, head trauma, neck pain, cephalgia, tension headaches, pain related insomnia, myofascial pain syndrome, and neuropathic pain. The injured worker was evaluated on 05/14/2014. Previous conservative treatment includes medication management, acupuncture, electrical stimulation, and epidural steroid injections. It is also noted that the injured worker has undergone an MRI of the cervical spine in 11/2011, as well as electrodiagnostic studies in 01/2012. The injured worker presented with complaints of persistent neck pain with right upper extremity numbness. The injured worker was pending authorization for a cervical MRI. Physical examination was not provided on that date. It is noted that the injured worker continues to experience radicular pain in the upper extremities. The injured worker was also pending authorization for a suboccipital nerve block. The current medication regimen includes Nucynta 75 mg, gabapentin 600 mg, Percura, and FluriFlex ointment. Treatment recommendations included authorization for a urine drug screen, continuation of the current medication regimen, discontinuation of Trepadone, and authorization for a suboccipital nerve block and a cervical MRI. A request for authorization form was then submitted on 05/14/2014 for the current treatment plan.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of Cervical Vertebrae: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Magnetic Resonance Imaging.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: California MTUS/ACOEM Practice Guidelines state for most patients presenting with true neck and upper back problems, special studies are not needed until after a 3 to 4 week period of conservative care and observation. The injured worker is noted to have undergone a cervical MRI in 11/2011. There was no physical examination provided on the requesting date. Therefore, there is no evidence of a progression or worsening of symptoms or physical examination findings that would warrant the need for an additional MRI. There is no documentation of significant red flags for serious spinal pathology. As the medical necessity has not been established, the request is not medically necessary and appropriate.

Fluriflex Ointment: Upheld

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

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

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended as a whole. Muscle relaxants are not recommended for topical use. There is also no strength, frequency, or quantity listed in the request. Therefore, the request is not medically necessary and appropriate.

Percura: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Medical Food.

Decision rationale: The Official Disability Guidelines state medical food is a food which is formulated to be consumed or administered enterally under the supervision of the physician and which is intended for the specific dietary management of the disease or condition for which distinctive nutritional requirements are established by medical evaluation. There is no documentation of a nutritional deficiency. There is no strength, frequency, or quantity listed in

the current request. It was also noted on a later date of 06/02/2014, the injured worker was instructed to discontinue Percura. Therefore, the request is not medically necessary and appropriate.