

Case Number:	CM14-0098399		
Date Assigned:	07/30/2014	Date of Injury:	09/21/2007
Decision Date:	08/29/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	06/26/2014

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 Orthopedic Surgery 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:

██████████ is a 54-year-old gentleman who was injured in a work related accident on 09/21/07. Clinical records provided for review include a 06/20/14 assessment noting ongoing complaints of diarrhea with associated intervals of constipation. Physical examination did not identify any orthopedic findings. The previous clinical assessment of 05/15/14 described continued complaints of pain in the neck with radiating bilateral shoulder pain and numbness. It stated the examination showed tenderness to the neck with restricted range of motion and pain to palpation. Shoulder examination was documented as restricted range of motion and diminished strength. Plain film radiographs of that date identified degenerative disc disease with shoulder imaging showing acromioclavicular joint arthrosis. Treatment recommendations included bilateral shoulder and cervical MRI scans, continuation of topical compound containing Ketoprofen, Gabapentin and Tramadol. There was also a request for referral for gastroenterological assessment of the abdominal symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gastrointestinal Evaluation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter 7 page 127- Examinations and Consultations.

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), Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: California ACOEM Guidelines would support the role of a gastrointestinal evaluation, given this claimant's ongoing complaints of both diarrhea and constipation despite conservative care. Therefore the request is medically necessary.

MRI - Bilateral Shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196,208-209.

Decision rationale: California ACOEM Guidelines would not support the request for bilateral shoulder MRI scans. The medical records document the claimant has chronic complaints of neck pain with radiating upper extremity complaints but there is no documentation of significant weakness or internal mechanical findings of the shoulders. There is also no documentation of conservative treatment provided for the claimant's shoulder symptoms. Without documentation of mechanical findings or recent treatment focused on the claimant's shoulder, the acute need of bilateral MR imaging would not be supported. Therefore the request is not medically necessary.

MRI- Cervical Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165,177-178.

Decision rationale: California ACOEM Guidelines would also not support an MRI scan of the cervical spine. The documentation does not identify any acute clinical findings from a cervical standpoint indicating acute radiculopathy. While there are continued subjective complaints of neck pain, a lack of radicular findings on examination, as well as lack of conservative care focused on the cervical spine, would fail to support the acute need of imaging and is therefore is not medically necessary.

Ketoprofen, Gabapentin, and Tramadol- Topical Cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-133.

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

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines would not support the request for topical compound containing Ketoprofen, Gabapentin, and Tramadol- Topical Cream. The Chronic Pain Guidelines recommend that topical compounds are noted to be largely experimental with few randomized clinical trials demonstrating their long term efficacy or benefit. At present the Chronic Pain Guidelines do not support the topical use of Gabapentin or Tramadol. Ketoprofen is a non FDA approved agent in the topical setting due to high incidence of photocontact dermatitis. The role of this topical compound with Ketoprofen, Gabapentin, and Tramadol- Topical Cream would not be supported as medically necessary.