

Case Number:	CM14-0098810		
Date Assigned:	07/28/2014	Date of Injury:	03/15/2013
Decision Date:	08/29/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/27/2014

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 Orthopedic Surgery and is licensed to practice in Pennsylvania. 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 claimant is a 36 year old female who sustained a vocational injury on 03/15/13 when she was struck by fallen fence panels. The records provided for review documented current working diagnoses of cervical spine herniated nucleus pulposus, degenerative disc disease and facet arthropathy, radiculopathy, and myelopathy. The report of the office visit on 07/07/14 noted that the claimant was experiencing more neck pain, radiating arm pain and left arm weakness and that she was scheduled for an artificial disc replacement, but the procedure was cancelled and she was awaiting authorization for an interlaminar steroid injection at the C4-5 level. The physical examination revealed tenderness on palpation of the cervical spine, range of motion of the cervical spine was decreased in all planes, decreased sensation of the right C6, C7, C8 dermatomes, abnormal sensation on the left L4, L5 and S1. The motor exam showed 4+/- 5 right deltoid, wrist extensors, wrist flexors, and bilateral interossei, finger flexors, and finger extensors. She had 5-/5 in the left deltoid, biceps, internal rotators, external rotators, wrist extensors, wrist flexors and bilateral triceps. She had 5-/5 right triceps, internal rotators, and external rotators. She had hyper-reflexes bilaterally through the upper and lower extremities, positive Hoffmann's test bilaterally, negative clonus bilaterally, positive Spurling's test on the right to the mid forearm and positive Spurling's on the left to the elbow. The report of the MRI of the cervical spine dated 07/25/13 with an addendum from 08/12/13 identified at C4-5 a right posterior paramedian disc protrusion/extrusion, of 3 millimeters anterior/posterior and 4 millimeters cephalocaudad. At the C 6-7 level there is a left posterior paramedian broad-based disc protrusion of 1 millimeter. At the C5-6 there is a minimal bulging disc, less than 1 millimeter. There is minimal/mild canal encroachment with slight abutment of the cord at C4-5. There is no cord compression or myelopathy. The addendum documented at the C4-5 there was mild to moderate central stenosis with spinal cord distortion noted. An EMG from 12/11/13

showed electrodiagnostic evidence of a demyelinating median neuropathy at the wrist consistent with carpal tunnel syndrome, mild in nature but no electrodiagnostic evidence of cervical radiculopathy or generalized peripheral neuropathy affecting the upper limbs. An MRI of the cervical spine from 04/28/14 showed mild reversal of the cervical lordosis. C2-3 through C5-6 intervertebral discs was desiccated. At the C3-4 level there is left sided facet intercon vertebral arthrosis contributing to mild narrowing of the left neural foramen with encroachment of the left exiting nerve root. C4-5 shows a 2 millimeter focal right paracentral disc protrusion deforming the ventral thecal sac. At C5-6 there is a 2 millimeter focal central disc protrusion deformity of the ventral sac. At the C6-7 level there is a 2 millimeter broad-based left paracentral disc protrusion deformity of the ventral thecal sac. There is a mega cisterna magna versus retro-cerebellar arachnoid cyst. It is noted that a medication panel dated 05/05/14 showed increased aspartate aminotransferase at 61 and alanine aminotransferase at 115. In regards to medication, the patient has tried Norco, Gabapentin and Ibuprofen. She was recently prescribed a trial of Naproxen which did not help to alleviate her pain. She reported that Gabapentin helped reduce her pain up to 20 percent and allowed her to move more easily. It was documented that the claimant experienced constipation due to Norco and that Ibuprofen decreased her pain and improved her ability to do home chores. The current request is for a medication panel examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication panel examination: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 70-73.

Decision rationale: Based on the Chronic Pain Treatment Guidelines, the request for a Medication panel examination is not recommended as medically necessary. The records provided for review do not contain documentation of the specific laboratory tests to be performed as part of the requested medication panel. In the treatment plan from 07/07/14, it is noted that the general medicine consultation was requested to evaluate the claimant's increased liver functions. Previous medication panel examination has already identified that the claimant has increased liver enzymes and the request has been made for general medicine consultation. It would be recommended that the claimant be followed by a specialist for the elevated labs and the medical necessity of a repeat medication panel examination is not clearly understood and therefore, not considered medically necessary.