

Case Number:	CM15-0003554		
Date Assigned:	01/14/2015	Date of Injury:	06/08/1999
Decision Date:	03/19/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/08/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York
 Certification(s)/Specialty: Emergency Medicine

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 (IW) is a 54 year old male who sustained an industrial injury on June 8, 1999. He has reported neck and arm pain. The diagnoses have included cervical spondylosis without myelopathy, myalgia, carpal tunnel syndrome, chronic pain due to injury, and spinal stenosis of the cervical vertebrae. Treatment to date has included epidural steroid injections, surgical intervention and pain medications. Currently, the injured worker complains of severe neck pain. The pain was located in the bilateral anterior neck, bilateral lateral neck, bilateral posterior neck, bilateral shoulder, bilateral arm and bilateral upper back. The pain was described as piercing, sharp, shooting, stabbing, deep and numbing. The IW reported that the pain was relieved with injections, narcotic analgesics and heat. Without medication, the injured worker reported the pain as 10 on a 10-point scale. The injured worker was evaluated by a neurosurgeon who recommended surgical intervention to the cervical spine. He reported difficulty with swallowing solid foods due to neck surgeries and he reported losing weight. The evaluating physician recommended a nutritional consultation and swallow therapy. Work status remains permanent and stationary. On December 16, 2014 Utilization Review modified a request for a swallow therapy evaluation and treatment and non-certified a nutrition evaluation and treatment, Dic/Bac/Cyc/Gab/Tet 90 gm #30, Voltaren 1%, and hydrocodone. The California Medical Treatment Utilization Schedule and Official Disability Guidelines were cited in support of the decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral for swallow therapy; evaluation and treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Panel on gastrointestinal imaging, ACR appropriateness criteria, dysphagia, online publication, American College of Radiology, page 10

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.

Decision based on Non-MTUS Citation

<<http://www.guideline.gov/content.aspx?id=47651&search=dysphagia>> : ACR Appropriateness Criteria® dysphagia. <

<http://www.guideline.gov/content.aspx?id=47670&search=dysphagia+and+cervical>> : ACR Appropriateness Criteria® chronic neck pain.

<<http://www.guideline.gov/content.aspx?id=23848&search=swallow+evaluation+and+dysphagia>>: Management of patients with stroke: identification and management of dysphagia. A national clinical guideline

Decision rationale: CA MTUS and ODG guidelines are silent on this topic. There is very little discussion related to post-cervical surgery related dysphagia. According to the above reference, the first modality recommended for evaluation of dysphagia is a computed tomography study. The documentation does not support the IW has had this imaging. Additional guidelines recommend the use of radiographic imaging with dynamic and static imaging of barium swallow for individuals experiencing dysphagia with an attributable cause. Individuals who experience dysphagia related to attributable causes are recommended for dietary modifications, therapy, and alternate route of nutrition. The individual does not have documented objective findings of dysphagia. In addition, the chart documentation does not support the self-reported weight loss as the IW remained stable within 1-2 pounds over 6 months documented. Without this documentation, swallow therapy treatment is not medically necessary.

Referral for a nutrition evaluation and treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.

Decision based on Non-MTUS Citation <[http://www.uptodate.com/contents/dietary-and-nutritional-assessment-in-](http://www.uptodate.com/contents/dietary-and-nutritional-assessment-in-adults?source=search_result&search=nutrition&selectedTitle=5%7E150)

[adults?source=search_result&search=nutrition&selectedTitle=5%7E150](http://www.uptodate.com/contents/dietary-and-nutritional-assessment-in-adults?source=search_result&search=nutrition&selectedTitle=5%7E150)> Dietary and nutritional assessment in adults

Decision rationale: CA MTUS and ODG guidelines are silent on this topic. The above reference was reviewed for guidance on nutritional and dietary evaluations and recommendations. While the documentation submitted for review reports subjective dysphagia, the objective data does not support any concern for nutritional or dietary deficits. The IW has had essentially unchanged weight documented over several months. There is no documentation

of specific signs or symptoms related to nutritional deficits. There are not laboratory studies included for review that demonstrate nutritional deficiencies. The request for nutritional evaluation and treatment is not medically necessary.

Dic/Bac/Cyc/Gab/Tet 90gm quantity 30: 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): 111-112.

Decision rationale: CA MTUS chronic pain guidelines, topical analgesics are "largely experimental in use with few randomized controlled trials to determine efficacy or safety." Guidelines also state "Many agents are compounded as monotherapy or in combination for pain control... There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug that is not recommended is not recommended." One of the included compounds in the requested medication is Gabapentin. MTUS guidelines states that gabapentin is not recommended as there is no peer-reviewed literature to support its use. Additionally, the request does not include dosing frequency or duration. The request is not medically necessary.

Voltaren 1% quantity 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: Voltaren is a non-steroidal anti-inflammatory agent. CA MTUS guidelines state that topical NSAIDs have been shown to have efficacy in the first 2 weeks of osteoarthritis, but afterwards efficacy diminishes. Voltaren Gel is "indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee and wrist.) It has not been evaluated for treatment of spine, hip, or shoulder." The IW has ongoing neck pain. Additionally, the request does not include dosing or frequency. The request for Voltaren is not medically necessary.