

<b>Case Number:</b>	CM15-0107375		
<b>Date Assigned:</b>	06/11/2015	<b>Date of Injury:</b>	11/20/2006
<b>Decision Date:</b>	08/20/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 (n) 57 year old male, who sustained an industrial injury on 11/20/06. He reported pain in his right shoulder, neck and lower back after he tripped and fell backwards. He sustained a laceration to his right wrist. The injured worker was diagnosed as having cervical disc degeneration, cervical disc displacement, cervical radiculopathy, right elbow cubital syndrome and right hand internal derangement. Treatment to date has included an EMG of the upper extremities, a cervical fusion, a spinal cord stimulator on 11/30/12 and oral and topical medications. As of the PR2 dated 4/29/15, the injured worker reports pain in his neck, right elbow and right hand. He rates the pain in his neck 6/10, the right elbow pain 4-5/10 and the right hand 6-7/10. Objective findings include decreased cervical, right elbow and right wrist range of motion. There is a positive Tinel's test and a positive cubital Tinel's on the right. The treating physician noted that the injured worker is unable to make a fist on the right. The treating physician requested Ketoprofen 20% topical 167gm, an MRI of the cervical spine, right elbow and hand/fingers, a CT scan of the cervical spine, right elbow and hand/fingers and a urine drug screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) prescription for topical compound Ketoprofen 20%, 167gm: 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): 111-113.

**Decision rationale:** Regarding the request for topical Ketoprofen, CA MTUS states that topical NSAIDs are indicated for Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. Topical Ketoprofen is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. Given all of the above, the requested topical Ketoprofen is not medically necessary.

**One (1) MRI of cervical spine, right elbow, hand/fingers:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178; 33-34; 269.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 42, 176-177, 269.

**Decision rationale:** Regarding the request for MRI, CA MTUS and ACOEM guidelines support the use of cervical spine imaging for emergence of a red flag, physiologic evidence of tissue insult or neurologic deficit, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Elbow imaging is supported for suspected ulnar collateral ligament tears, but not for epicondylalgia. Hand imaging studies to clarify the diagnosis may be warranted if the medical history and physical examination suggest specific disorders. Within the documentation available for review, there is no clear indication of a condition for which an MRI is supported as noted above or another clear rationale for the use of MRI in this patient. No physical exam findings suggesting serious pathology likely to be demonstrated on imaging have been identified. In the absence of such documentation, the currently requested MRI is not medically necessary. Guidelines also recommend MRI after 3 months of conservative treatment. Within the documentation available for review, there is no indication of any red flag diagnoses. Additionally there is no documentation of neurologic deficit or failure of conservative treatment for at least 3 months. In the absence of such documentation the requested cervical MRI is not medically necessary.

**One (1) CT scan for the cervical spine, right elbow, right hand/fingers:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for imaging - Computed tomography (CT) & CT arthrography.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 42, 176-177, 269.

**Decision rationale:** Regarding the request for CT, CA MTUS and ACOEM guidelines support the use of cervical spine imaging for emergence of a red flag, physiologic evidence of tissue insult or neurologic deficit, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Elbow imaging is supported for suspected ulnar collateral ligament tears, but not for epicondylalgia. Hand imaging studies to clarify the diagnosis may be warranted if the medical history and physical examination suggest specific disorders. Within the documentation available for review, there is no clear indication of a condition for which an MRI is supported as noted above or another clear rationale for the use of MRI in this patient. No physical exam findings suggesting serious pathology likely to be demonstrated on imaging have been identified. In the absence of such documentation, the currently requested CT is not medically necessary.

**One (1) urine drug screen:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) Urine drug testing (UDT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79 and 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing.

**Decision rationale:** Regarding the request for a urine toxicology test (UDS), CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, the patient underwent recent urine drug screening that there is no indication of current risk stratification to identify the medical necessity of drug screening at the proposed frequency. In light of the above issues, the currently requested urine toxicology test is not medically necessary.