

Case Number:	CM15-0132571		
Date Assigned:	07/20/2015	Date of Injury:	12/24/2014
Decision Date:	09/22/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/09/2015

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

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 41 year old male who sustained an industrial injury on December 24, 2014. He has reported injury to the neck and right shoulder and has been diagnosed with 1-2 mm broad based posterior disc protrusion at C4-5; posterior annular tear in the intervertebral disc at C5-6 with right neural foraminal narrowing secondary to 1-2 mm broad based posterior disc protrusion with central canal stenosis and right exiting nerve root compromise; bilateral neural foraminal narrowing and canal stenosis at C6-7 secondary to 1-2 mm broad based posterior disc protrusion with bilateral exiting nerve root compromise, narrowing of the disc spaces C4-5, C5-6, and C6-7; osteophyte formation noted from C4 through C6, musculoligamentous sprain and strain of the cervical spine, subscapularis tendinosis, right shoulder, acromioclavicular osteoarthritis, right shoulder, impingement syndrome right shoulder, and musculoligamentous sprain and strain of the right shoulder. Treatment has included physical therapy, chiropractic care, medical imaging, and medications. There was tenderness to palpation and spasm over the cervical spine. There was reduced range of motion of the cervical spine. There was pain and spasm with range of motion of the cervical spine. Cervical compression test was positive. Spurling's maximal cervical compression test was positive. The treatment request included right shoulder MRI, cervical MRI, topical medication, and UDS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical spine MRI: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (acute and chronic) Chapter, under Magnetic Resonance Imaging.

Decision rationale: ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8, Neck and Upper Back, pages 177-178 under "Special Studies and Diagnostic and Treatment Considerations" states: "Neck and upper back complaints", under special studies and diagnostic and treatment considerations: Physiologic evidence of tissue insult or neurologic dysfunction. It defines physiologic evidence as a form of "definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans." ACOEM further states that "unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient imaging to warrant imaging studies if symptoms persist." ODG Guidelines, Neck and Upper Back (acute and chronic) Chapter, under Magnetic Resonance Imaging states: Not recommended except for indications listed below. Indications for imaging MRI: Chronic neck pain (equals after 3 months of conservative treatment), radiographs are normal, neurologic signs or symptoms present. Neck pain with radiculopathy of severe or progressive neurologic deficit. According to progress report 04/22/15/15, the patient has intermittent neck and right shoulder pain. Examination of the neck revealed tenderness in the cervical spine with significantly decreased ROM. Cervical compression test was positive. Spurling's maximal cervical compression test was also positive. Examination of the right shoulder revealed tenderness in the upper trap and rotator cuff. There is guarding, decreased ROM by 50% and positive empty can test. The treater requested a MRI of the C-spine. It appears the MRI was done prior to authorization. Review of the reports provided does not indicate that the patient had a prior MRI of the cervical spine. Given that the patient continues to have cervical spine pain with positive examination findings, the request appears reasonable. Therefore, the requested MRI of the cervical spine IS medically necessary.

Compound cream: Amitriptyline 10%/Gabapentin 10%/Detromethorphan 10%, 240 grams: Upheld

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

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

Decision rationale: This patient presents with chronic neck and right shoulder pain. The current request is for Compound cream: Amitriptyline 10%/Gabapentin 10%/Dextromethorphan 10%, 240 grams. Treatment has included physical therapy, chiropractic care, medical imaging, and

medications. The patient's work status is not addressed. The MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal antiinflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxants as a topical product." According to progress report 04/22/15/15, the patient has intermittent neck and right shoulder pain. Examination of the neck revealed tenderness in the cervical spine with significantly decreased ROM. Cervical compression test was positive. Spurling's maximal cervical compression test was also positive. Examination of the right shoulder revealed tenderness in the upper trap and rotator cuff. There is guarding, decreased ROM by 50% and positive empty can test. The treater does not specifically discuss this medication. MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical compound contains Gabapentin, which is not supported for topical use per MTUS. Therefore, entire compound cream is rendered invalid. This request IS NOT medically necessary.

Compound cream: Flurbiprofen 20%/Cyclobenzaprine 5%, 240 grams: Upheld

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

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

Decision rationale: This patient presents with chronic neck and right shoulder pain. The current request is for Compound cream: Flurbiprofen 20%/Cyclobenzaprine 5%, 240 grams. Treatment has included physical therapy, chiropractic care, medical imaging, and medications. The patient's work status is not addressed. MTUS has the following regarding topical creams (p111, chronic pain section): Topical Analgesics: Non-steroidal antiinflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. According to progress report 04/22/15/15, the patient has intermittent neck and right shoulder pain. Examination of the neck revealed tenderness in the cervical spine with significantly decreased ROM. Cervical compression test was positive. Spurling's maximal cervical compression test was also positive. Examination of the right shoulder revealed tenderness in the upper trap and rotator cuff. There is guarding, decreased ROM by 50% and positive empty can test. The treater does not specifically discuss this medication. MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the NSAID component of this topical cream may be indicated for the patient's shoulder pain; however, this compound cream contains

cyclobenzaprine, which is not supported in any topical formulation. This request IS NOT medically necessary.

Right shoulder MRI: Overturned

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): 207-208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) Chapter, under Magnetic resonance imaging (MRI).

Decision rationale: This patient presents with chronic neck and right shoulder pain. The current request is for Right shoulder MRI. Treatment has included physical therapy, chiropractic care, medical imaging, and medications. The patient's work status is not addressed. ACOEM Guidelines has the following regarding shoulder MRI on pages 207 and 208, routine testing (laboratory test, plain-film radiographs of the shoulder) and more specialized imaging studies are not recommended during the first 6 weeks of activity limitation due to shoulder symptoms, except when a red flag noted on history or examination raises suspicion of serious shoulder condition or referred pain. ODG-TWC, Shoulder (Acute & Chronic) Chapter, under Magnetic resonance imaging (MRI) states: "Indications for imaging, Magnetic resonance imaging (MRI): Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs; Subacute shoulder pain, suspect instability/labral tear; Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. (Mays, 2008)" According to progress report 04/22/15/15, the patient has intermittent neck and right shoulder pain. Examination of the neck revealed tenderness in the cervical spine with significantly decreased ROM. Cervical compression test was positive. Spurling's maximal cervical compression test was also positive. Examination of the right shoulder revealed tenderness in the upper trap and rotator cuff. There is guarding, decreased ROM by 50% and positive empty can test. The treater requested a MRI of the C-spine. It appears the MRI was done prior to authorization. The patient continues with pain, and there is no indication the patient had prior MRI of the RIGHT shoulder. Given the patient's symptoms, and physical examination findings, this request appears reasonable and in accordance with guidelines. Therefore, the request IS medically necessary.

UDS performed on 3/25/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, differentiation: dependence & addiction Page(s): 85.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, under Urine Drug Testing.

Decision rationale: This patient presents with chronic neck and right shoulder pain. The current request is for UDS performed on 3/25/15. Treatment has included physical therapy,

chiropractic care, medical imaging, and medications. The patient's work status is not addressed. While MTUS Guidelines do not specifically address how frequent UDS should be considered for various risks of opiate users, ODG Pain Chapter, under Urine Drug Testing has the following: "Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results... Patients at "high risk" of adverse outcomes may require testing as often as once per month. Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter." The patient's medication regimen includes Anaprox, Prilosec, Flexeril, and topical creams. The patient is not on an opiate regimen. ODG states that UDS can be considered for opiate users. Given the patient is not taking any narcotics, the UDS is not necessary. This request IS NOT medically necessary.