

Case Number:	CM15-0143463		
Date Assigned:	08/04/2015	Date of Injury:	01/02/2008
Decision Date:	09/22/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/23/2015

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 51 year old male, who sustained an industrial injury on January 02, 2008. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having a herniated nucleus pulposus of the cervical spine, thoracic sprain and strain, lumbar sprain and strain, a herniated nucleus pulposus the lumbar spine, bilateral probable anterior labral tears, rule out rotator cuff syndrome of the bilateral shoulders, bilateral shoulder impingement syndrome, bilateral lateral epicondylitis, bilateral tardy ulnar nerve palsy, and bilateral carpal tunnel syndrome. Treatment and diagnostic studies to date has included medication regimen, x-rays of the cervical spine, x-rays of the lumbar spine, and physical therap. In a progress note dated May 28, 2015 the treating physician reports complaints of constant, moderate, achy, sharp, and burning pain to the neck, upper, mid, and low back, and back along with numbness to the neck, upper, mid, and low back. The treating physician also had complaints of pain to the right shoulder, frequent, moderate pain to the left shoulder with numbness and cramping, pain to the left elbow, and pain to the right wrist. Examination reveals tenderness to the greater tuberosity of the left shoulder, tenderness to the greater tuberosity to the right shoulder, tenderness to the lateral epicondyle, positive Phalen's test bilaterally, positive Neer's test bilaterally, positive Hawkin's test bilaterally, decreased range of motion to the left shoulder, tenderness to the lumbar spine at lumbar five to sacral one spinous processes, decreased range of motion to the lumbar spine, decreased range of motion to the cervical spine, tenderness to the bilateral trapezius muscles and at cervical four to five spinous processes. The injured worker's current medication regimen included Motrin, Prilosec,

Flurbiprofen (NAP) Cream LA, and Gabacyclotram Cream but the documentation provided did not indicate the injured worker's pain level as rated on a pain scale prior to use of his medication regimen and after use of his medication regimen to indicate the effects with the use of the injured worker's medication regimen. Also, the documentation provided did not indicate if the injured worker experienced any functional improvement with use of his medication regimen. The medical records provided included an x-ray report of the cervical spine performed on April 17, 2015 that was remarkable for multilevel spondylosis, reversal lordosis, and cervical six to seven facet joint arthropathy and an x-ray of the lumbar spine performed on April 17, 2015 was remarkable for multilevel spondylosis, increased lordotic curve, multilevel facet joint osteoarthritis, and mild levoconvex curve. The treating physician requested Prilosec 20mg quantity with a 90, compound medication of Flurbiprofen NAP Cream-LA quantity with a quantity of one, and Gabacyclotram cream with the treating physician noting current use of these medications. The treating physician also requested an interferential unit for a trial of five months, and an anterior-posterior and lateral x-rays of the cervical spine, but the documentation provided did not indicate the specific reasons for the requested equipment and study.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg quantity 90.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: The patient presents with pain in the left arm, pain in the cervical spine radiating to the back, pain in the mid and low back with tingling and numbness. The request is for Prilosec 20 mg Quantity 90.00. Physical examination to the cervical spine on 05/28/15 revealed tenderness to palpation to bilateral trapezius muscles and C4-C5 spinous processes. Examination to the thoracic spine revealed tenderness to palpation to bilateral rhomboids, T3-T4 and T4-T5 processes. Per 05/28/15 progress report, patient's diagnosis include HNP cervical, thoracic sprain/strain, HNP lumbar, bilateral probable anterior labral tears, rule out rotator cuff syndrome bilateral shoulders, bilateral shoulder impingement syndrome, bilateral lateral epicondylitis, bilateral tardy ulnar nerve palsy, and bilateral carpal tunnel syndrome. Patient's medications, per 05/28/15 progress report include Motrin, Prilosec, Flurbi (NAP) Cream-LA, and Gabacyclotram Cream. Patient's work status is modified duties. MTUS Chronic Pain Medical Treatment Guidelines pg. 69 states "NSAIDs - Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI.. PPI's are also allowed for prophylactic use along with NSAIDS, with proper GI assessment, such as age greater than 65, concurrent use of oral anticoagulants, ASA, high dose of NSAIDs, or history of peptic ulcer disease, etc." Treater has not discussed this request and no RFA was provided either. In this case, only one progress report was provided in which the patient was prescribed an NSAID (Motrin). However, treater does not specifically discuss any GI symptoms. While PPI's such as Prilosec are considered appropriate therapy for

individuals experiencing GI upset from high-dose NSAID therapy, there is no discussion of GI symptoms, pertinent examination findings, or other subjective complaints which would support continued use of this medication. Therefore, this request is not medically necessary.

Compound med Flurbiprofen Nap Cream-LA quantity 1.00: 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): 111-113.

Decision rationale: The patient presents with pain in the left arm, pain in the cervical spine radiating to the back, pain in the mid and low back with tingling and numbness. The request is for Compound med Flurbiprofen Nap Cream-LA Quantity 1.00. Physical examination to the cervical spine on 05/28/15 revealed tenderness to palpation to bilateral trapezius muscles and C4-C5 spinous processes. Examination to the thoracic spine revealed tenderness to palpation to bilateral rhomboids, T3-T4 and T4-T5 processes. Per 05/28/15 progress report, patient's diagnosis include HNP cervical, thoracic sprain/strain, HNP lumbar, bilateral probable anterior labral tears, rule out rotator cuff syndrome bilateral shoulders, bilateral shoulder impingement syndrome, bilateral lateral epicondylitis, bilateral tardy ulnar nerve palsy, and bilateral carpal tunnel syndrome. Patient's medications, per 05/28/15 progress report include Motrin, Prilosec, Flurbi (NAP) Cream-LA, and Gabacyclotram Cream. Patient's work status is modified duties. Regarding topical NSAIDs, MTUS on topical analgesics, pages 111-113, state, "Indications: 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". Treater has not discussed this request. No RFA was provided either. The patient has pain in the left arm, pain in the cervical spine radiating to the back, pain in the mid and low back with tingling and numbness. The patient was diagnosed with HNP cervical, thoracic sprain/strain, HNP lumbar, bilateral probable anterior labral tears, rule out rotator cuff syndrome bilateral shoulders, bilateral shoulder impingement syndrome, bilateral lateral epicondylitis, bilateral tardy ulnar nerve palsy, and bilateral carpal tunnel syndrome. In this case, the treater does not document arthritis/tendinitis as indicated for flurbiprofen by MTUS Guidelines. Therefore, the request is not medically necessary.

X-ray AP/Lateral cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Integrated Treatment/Disability Duration Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, under Radiography.

Decision rationale: The patient presents with pain in the left arm, pain in the cervical spine radiating to the back, pain in the mid and low back with tingling and numbness. The request is for X-Ray AP/Lateral cervical spine. Physical examination to the cervical spine on 05/28/15 revealed tenderness to palpation to bilateral trapezius muscles and C4-C5 spinous processes. Examination to the thoracic spine revealed tenderness to palpation to bilateral rhomboids, T3-T4 and T4-T5 processes. Per 05/28/15 progress report, patient's diagnosis include HNP cervical, thoracic sprain/strain, HNP lumbar, bilateral probable anterior labral tears, rule out rotator cuff syndrome bilateral shoulders, bilateral shoulder impingement syndrome, bilateral lateral epicondylitis, bilateral tardy ulnar nerve palsy, and bilateral carpal tunnel syndrome. Patient's medications, per 05/28/15 progress report include Motrin, Prilosec, Flurbi (NAP) Cream-LA, and Gabacyclotram Cream. Patient's work status is modified duties. ODG, Neck and Upper Back Chapter, under Radiography have the following: "Not recommended except for indications below. Patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness, and have no neurologic findings, do not need imaging. Patients who do not fall into this category should have a three-view cervical radiographic series followed by computed tomography... There is little evidence that diagnostic procedures for neck pain without severe trauma or radicular symptoms have validity and utility. Treater has not discussed request; no RFA was provided either. Review of the medical records provided indicate that the patient had X-Ray of the cervical spine on 04/17/15 for which the findings showed no fracture, dislocation or osseous defect, there was reversed cervical lordosis, multilevel spondylosis, and C6-7 facet joint arthroscopy. In this case, the treater has not indicated the reason for repeat cervical X-Rays. There is no documentation of any abnormalities, neurological deficits, or any "red flag" to warrant a new set of X-Rays of the cervical spine. Therefore, the request is not medically necessary.

Gabacyclotram cream: 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: The patient presents with pain in the left arm, pain in the cervical spine radiating to the back, pain in the mid and low back with tingling and numbness. The request is for Gabacyclotram Cream. Physical examination to the cervical spine on 05/28/15 revealed tenderness to palpation to bilateral trapezius muscles and C4-C5 spinous processes. Examination to the thoracic spine revealed tenderness to palpation to bilateral rhomboids, T3-T4 and T4-T5 processes. Per 05/28/15 progress report, patient's diagnosis include HNP cervical, thoracic sprain/strain, HNP lumbar, bilateral probable anterior labral tears, rule out rotator cuff syndrome bilateral shoulders, bilateral shoulder impingement syndrome, bilateral lateral epicondylitis, bilateral tardy ulnar nerve palsy, and bilateral carpal tunnel syndrome. Patient's medications, per 05/28/15 progress report include Motrin, Prilosec, Flurbi (NAP) Cream-LA, and Gabacyclotram Cream. Patient's work status is modified duties. MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Non-steroidal anti-inflammatory

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. MTUS further states, "Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product". Treater has not discussed request; no RFA was provided either. MTUS page 111 states that if one of the compounded topical products is not recommended, then the entire product is not. In this case, the requested topical compound contains Gabapentin, Cyclobenzaprine and Tramadol which are not supported for topical use in cream form, per MTUS. This request is not in accordance with guideline indications. Therefore, the request is not medically necessary.

IF Unit trial 5 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, criteria for use of TENS Page(s): 114-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: The patient presents with pain in the left arm, pain in the cervical spine radiating to the back, pain in the mid and low back with tingling and numbness. The request is for IF Unit Trial 5 months. Physical examination to the cervical spine on 05/28/15 revealed tenderness to palpation to bilateral trapezius muscles and C4-C5 spinous processes. Examination to the thoracic spine revealed tenderness to palpation to bilateral rhomboids, T3-T4 and T4-T5 processes. Per 05/28/15 progress report, patient's diagnosis include HNP cervical, thoracic sprain/strain, HNP lumbar, bilateral probable anterior labral tears, rule out rotator cuff syndrome bilateral shoulders, bilateral shoulder impingement syndrome, bilateral lateral epicondylitis, bilateral tardy ulnar nerve palsy, and bilateral carpal tunnel syndrome. Patient's medications, per 05/28/15 progress report include Motrin, Prilosec, Flurbi (NAP) Cream-LA, and Gabacyclotram Cream. Patient's work status is modified duties. For Interferential Current Stimulation (ICS), MTUS guidelines, pages 118 - 120, state that "Not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone". These devices are recommended in cases where (1) Pain is ineffectively controlled due to diminished effectiveness of medications; or (2) Pain is ineffectively controlled with medications due to side effects; or (3) History of substance abuse; or (4) Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or (5) Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). Treater has not discussed this request and no RFA

was available either. In this case, there is no evidence that medications and conservative care are ineffective or that the patient has a history of substance abuse. The treater does not document side effects due to medication. Furthermore, the request is for 5 months rental and MTUS recommends one month trial before a home unit is to be used. This request is not medically necessary.