

Case Number:	CM15-0144579		
Date Assigned:	08/05/2015	Date of Injury:	02/08/2012
Decision Date:	09/02/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/27/2015

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: 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 is a 49 year old female, who sustained an industrial injury on 2-8-12 Initial complaints were of her neck and shoulder. The injured worker was diagnosed as having displacement of cervical intervertebral disc without myelopathy; cervicgia; spasm of muscle; other aftercare involving internal fixation device; chronic pain syndrome; opioid dependence; lumbago; bilateral shoulder pain. Treatment to date has included physical therapy; cervical epidural steroid injection C7-T1 (4-10-13; 12-19-13); status post anterior cervical disc fusion (ACDF) (6-2014); urine drug screening; medications. Diagnostics studies included MRI cervical spine (12-4-12); MRI lumbar spine (12-4-12); MRI left shoulder; EMG/NCV study upper extremities (4/22/15; 5-20-15); X-rays cervical spine (3-3-15); MRI lumbar spine (3-13-15). Currently, the PR-2 notes dated 1-15-15 indicated the injured worker presents for a clinical follow-up as a status post C3-C5 anterior discectomy and fusion of June 2014. She continues to complain of neck and bilateral arm pain and numbness. The provider remarks that she has not had any physical therapy for unclear reasons. In addition, she reports her thyroid cancer has returned and is scheduled for a medical center follow-up. Lastly, she has described low back pain radiating into both legs. Her neurological examination notes her cranial nerves II through XII are intact. On motor testing, she has 4 out of 5 strength in her bilateral deltoid and 5 out of 5 strength in her biceps, triceps, wrist extensors, wrist flexors, grip and hand intrinsic. Her sensation was decreased to light touch and pinprick over C4 and C5 distribution bilaterally. She has no Spurling's sign. Her reflexes were 1+ and symmetric. She was generally slow in terms of ambulating and range of motion today secondary to diffuse aches and pain. She has a well-healed

surgical incision. The provider notes she has lost her voice. She continues to have difficulty with her shoulder movement secondary to pain, especially on the left side. She has pain with movement of her neck and back and subjective pain with movement of her arms and legs. The provider documents MRI findings for the lumbar spine dated October 25, 2012 that demonstrates at L4-L5 a moderate disc degeneration, mild diffuse disc bulge, central posterior disc protrusion in which there is a moderately large annular tear. There is minimal facet arthritis. At L5-S1, moderate disc degeneration and minimal diffuse disc bulge is noted with small midline protrusion without annular fissure. There is minimal facet arthritis noted at this level also. An EMG/NCV study of the bilateral upper extremities was performed and reported on 3-6-13 demonstrating an abnormal study. It notes evidence of mild left ulnar neuropathy at the elbow and bilateral C7 acute cervical radiculopathy but no evidence of myopathy. A MRI of the left shoulder was performed on 10-25-12 documenting mild subclavicular compression of the anterior margin of the disc supraspinatus muscle tendon. The treatment plan includes a request for physical therapy and an updated MRI of the lumbar spine. The PR-2 notes reviewed by Utilization Review were from July 2014. The provider is requesting authorization of Flurazepam 30mg #30; Imitrex 50mg #60 and Terocin cream #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Imitrex 50mg #60: 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) online edition.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Triptans.

Decision rationale: The requested Imitrex 50mg #60, is not medically necessary. CA MTUS/ACOEM are silent Official Disability Guidelines (ODG) - Pain, Triptans are "Recommended for migraine sufferers." The injured worker has neck and bilateral arm pain and numbness. The provider remarks that she has not had any physical therapy for unclear reasons. In addition, she reports her thyroid cancer has returned and is scheduled for a medical center follow-up. Lastly, she has described low back pain radiating into both legs. Her neurological examination notes her cranial nerves II through XII are intact. On motor testing, she has 4 out of 5 strength in her bilateral deltoid and 5 out of 5 strength in her biceps, triceps, wrist extensors, wrist flexors, grip and hand intrinsic. Her sensation was decreased to light touch and pinprick over C4 and C5 distribution bilaterally. She has no Spurling's sign. The treating physician has not documented objective evidence of functional improvement from its use. The criteria noted above not having been met, Imitrex 50mg #60 is not medically necessary.

Terocin cream #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 111- 113, Topical Analgesics.

Decision rationale: The requested Terocin cream #120, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of anti-depressants and anti-convulsants". The injured worker has neck and bilateral arm pain and numbness. The provider remarks that she has not had any physical therapy for unclear reasons. In addition, she reports her thyroid cancer has returned and is scheduled for a medical center follow-up. Lastly, she has described low back pain radiating into both legs. Her neurological examination notes her cranial nerves II through XII are intact. On motor testing, she has 4 out of 5 strength in her bilateral deltoid and 5 out of 5 strength in her biceps, triceps, wrist extensors, wrist flexors, grip and hand intrinsic. Her sensation was decreased to light touch and pinprick over C4 and C5 distribution bilaterally. She has no Spurling's sign. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Terocin cream #120 is not medically necessary.

Flurazepam 30mg #30: 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), Online Edition, Benzodiazepine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Page 24.

Decision rationale: The requested Flurazepam 30mg #30, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Benzodiazepines, Page 24, note that benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence." The injured worker has neck and bilateral arm pain and numbness. The provider remarks that she has not had any physical therapy for unclear reasons. In addition, she reports her thyroid cancer has returned and is scheduled for a medical center follow-up. Lastly, she has described low back pain radiating into both legs. Her neurological examination notes her cranial nerves II through XII are intact. On motor testing, she has 4 out of 5 strength in her bilateral deltoid and 5 out of 5 strength in her biceps, triceps, wrist extensors, wrist flexors, grip and hand intrinsic. Her sensation was decreased to light touch and pinprick over C4 and C5 distribution bilaterally. She has no Spurling's sign. The treating physician has not documented the medical indication for continued use of this benzodiazepine medication, nor objective evidence of derived functional benefit from its previous use. The criteria noted above not having been met, Flurazepam 30mg #30 is not medically necessary.