

Case Number:	CM15-0165243		
Date Assigned:	09/02/2015	Date of Injury:	08/02/2014
Decision Date:	10/06/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/24/2015

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: Massachusetts

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 36-year-old female, who sustained an industrial injury on 08-02-2014. She has reported injury to the neck, mid back, and upper extremities. The diagnoses have included cervicalgia; cervical disc disease; neck pain with radicular symptoms in bilateral arms; thoracic myofascial pain; bilateral upper extremity paresthesia-pain; and medial and lateral epicondylitis. Treatment to date has included medications, diagnostics, injections, acupuncture, chiropractic therapy, physical therapy, and home exercise regimen. Medications have included Tylenol, Nabumetone, Cyclobenzaprine, Biofreeze, and Omeprazole. A progress report from the treating physician, dated 07-31-2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of neck pain, thoracic pain, and upper extremity pain; her neck pain is constant and more right-sided than left; periodically, it radiates down the arms with some numbness and tingling, particularly to the thumb and the fifth finger; she has weakness of the hands; at times, she drops things; pain levels are 7 out of 10 in intensity, before medications, coming down to 5 out of 10 in intensity with medication; the pain is worse with driving; the pain is decreased with medication, Biofreeze, and ice; the mid back pain can be more severe; it is constant and achy in the upper thoracic spine; it does not radiate; the pain is worse with sitting and driving; the pain is decreased with medication as in Biofreeze; the upper extremity pain is at the elbow, forearms, and wrist; she feels aching pain and weakness when she uses the upper extremities; she got mild benefit from acupuncture; she had several sessions of both physical therapy and chiropractics without benefit; she underwent three cervical injections, and had greater than 50% relief for three to four months; various medications caused severe

nausea; and she has not tried any patches. Objective findings included tenderness in the paracervical muscles of the mid and lower cervical spine; range of motion is just mildly decreased in all fields, but significantly decreased in extension; Spurling' is positive bilaterally in a C6-C7 and T1 distribution; tenderness from T1 through T7; slightly decreased thoracic extension; strength of the upper extremities is 5- out of 5; and there is tenderness in the medial and lateral epicondyles and the wrists. The treatment plan has included the request for Flector 1.3% patches #30 x 3 refills; and C6-C7 with fluoroscopic guidance and conscious sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector 1.3% patches #30 x 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113 Page(s): 60, 111-113.

Decision rationale: The claimant sustained a work injury in August 2014 and is being treated for neck, thoracic and upper extremity pain. Treatments are referenced as having included three cervical injections with more than 50% pain relief lasting for 3-4 months. When seen, she was having pain radiating into the arms with numbness and tingling with pain rated at 5-7/10. Physical examination findings included cervical spine tenderness with decreased range of motion and positive Spurling's testing. Upper extremity strength was 5-/5 with normal sensation and symmetrical reflexes. An MRI of the cervical spine is referenced as showing multilevel mild canal narrowing without foraminal narrowing. Electrodiagnostic testing in January 2015 was normal. Authorization for an epidural injection with fluoroscopic guidance and conscious sedation was requested due to the claimant having some needle anxiety and requesting conscious sedation. The assessment references intolerance of oral medications and Flector samples were provided. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, the claimant has reported intolerance of oral medications. However, if a topical NSAID was being considered, a trial of generic topical diclofenac in a non-patch form would be indicated before consideration of use of a dermal-patch system. Flector was not medically necessary.

C6-C7 with fluoroscopic Guidance and conscious sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections, p46 Page(s): 46.

Decision rationale: The claimant sustained a work injury in August 2014 and is being treated for neck, thoracic and upper extremity pain. Treatments are referenced as having included three cervical injections with more than 50% pain relief lasting for 3-4 months. When seen, she was having pain radiating into the arms with numbness and tingling with pain rated at 5-7/10. Physical examination findings included cervical spine tenderness with decreased range of motion and positive Spurling's testing. Upper extremity strength was 5-/5 with normal sensation and symmetrical reflexes. An MRI of the cervical spine is referenced as showing multilevel mild canal narrowing without foraminal narrowing. Electrodiagnostic testing in January 2015 was normal. Authorization for an epidural injection with fluoroscopic guidance and conscious sedation was requested due to the claimant having some needle anxiety and requesting conscious sedation. The assessment references intolerance of oral medications and Flector samples were provided. Criteria for the use of epidural steroid injections include radicular pain, defined as pain in dermatomal distribution with findings of radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, there are no physical examination findings such as decreased strength or sensation in a myotomal or dermatomal pattern or asymmetric reflex response that support a diagnosis of radiculopathy and neither imaging nor electrodiagnostic testing corroborates a diagnosis of cervical radiculopathy. The requested epidural steroid injection was not medically necessary.