

Case Number:	CM15-0182059		
Date Assigned:	09/23/2015	Date of Injury:	11/20/2014
Decision Date:	11/03/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/16/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 41 year old male who sustained an industrial injury on 11-20-2014. According to a progress report dated 08-03-2015, the injured worker reported intermittent dull cervical spine pain that was rated 5 out of 10. Increased right flexion was noted. Left shoulder pain was intermittent, achy and rated 6 out of 10. Thoracic and lumbar spine pain was described as intermittent and achy and was rated 6 out of 10. Radiation to the bilateral lower extremities (foot) was noted. Functional change since the last examination was marked as improved with increased walking and standing. Diagnoses included cervical spine sprain, strain, rule out disc herniation, left shoulder sprain strain with IS, thoracic spine sprain strain and lumbar spine sprain strain with radiation to the bilateral lower extremities rule out disc herniation. Conservative therapy requested included physical therapy and acupuncture. Diagnostics requested included MRI of the cervical and lumbar spine (refractory cervical spine and low back pain). Medications prescribed included Naprosyn, Flurb cream and FMCC. Work status included modified duties. Authorization requests dated 08-05-2015 were submitted for review. The requested services included MRI for the cervical and lumbar spine, Naproxen, Flurbiprofen cream and Flurb-Menthol-Caps-Camph cream. On 08-14-2015, Utilization Review non-certified the request for MRI of the lumbar spine, Flurbi, Menthol, Caps, Camph cream BID with 1 refill and MRI of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): General Approach, Initial Assessment, Medical, Physical Examination, Diagnostic Criteria, Work-Relatedness, Initial Care, Physical Methods, Activity, Work, Follow-up Visits, Special Studies, Surgical Considerations, Summary, References.

Decision rationale: The ACOEM Guidelines recommend reserving advanced imaging of the lumbar spine with MRI for those with clear objective examination findings identifying specific nerve compromise when the symptoms and findings do not respond to treatment with conservative management for at least a month and when surgery remains a treatment option. These Guidelines also encourage that repeat advanced imaging should be limited to those with newly worsened or changed signs and symptoms. Gadolinium, a type of contrast or dye, is often used in cases such as a concern that a cancer may involve the wrappings around the spinal cord or after the worker has had certain types of surgery to this area of the spine in the past. The submitted and reviewed documentation indicated the worker was experiencing pain throughout the back that went into the legs and in the left shoulder. The documented examination did not detail findings consistent with an issue involving a specific spinal nerve involving this area of the back. There was no discussion describing the worker as a candidate for additional surgery or special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for a MRI of the lumbar spine region is not medically necessary.

Flurbi, Menthol caps, Camph cream BID with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The MTUS Guidelines strongly emphasize that any compound product that contains at least one drug or drug class that is not recommended is itself not recommended. The request for a compound that contains medications from the non-steroidal anti-inflammatory drug (NSAID) (flurbiprofen) and general pain reliever (menthol and camphor) classes. The MTUS Guidelines recommend topical NSAIDs to treat pain due to osteoarthritis and tendonitis but not neuropathic pain. Use is restricted to several weeks because benefit decreases with time. It is specifically not recommended for use at the spine, hip, or shoulder areas. Diclofenac 1% is the medication and strength approved by the FDA. Topical menthol is not recommended by the MTUS Guidelines. The Guidelines are silent as to the use of topical camphor, and the literature does not support its use. There was no discussion detailing special circumstances that would support the use of this compound product in this setting. In the absence of such evidence, the

current request for an indefinite supply of a compound containing unspecified concentrations of flurbiprofen, camphor, and menthol is not medically necessary.

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): General Approach, Initial Assessment, Medical History, Physical Examination, Diagnostic Criteria, Work-Relatedness, Initial Care, Activity Alteration, Work Activities, Follow-up Visits, Special Studies, Surgical Considerations, Summary, References.

Decision rationale: The ACOEM Guidelines support the use of cervical MRI imaging if a "red flag" is found, such as findings suggesting a fracture, symptoms of upper back complaints after a recent trauma, or symptoms suggesting an infection or tumor. MRI imaging is also supported when symptoms do not improve despite three to four weeks of conservative care with observation and there is evidence of an injury or nerve problem or when an invasive procedure is planned and clarification of the worker's upper back structure is required. The submitted record indicated the worker was experiencing pain throughout the back that went into the legs and in the left shoulder. There was no discussion or recorded examination findings detailing a nerve problem consistent with this area of the back, suggesting this study was needed in preparation for surgery, or other supported issues. There also was no discussion detailing how this study would affect the worker's care. In the absence of such evidence, the current request for a MRI of the cervical spine region is not medically necessary.