

Case Number:	CM15-0027321		
Date Assigned:	02/19/2015	Date of Injury:	04/15/2003
Decision Date:	04/07/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/12/2015

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 61 year old female who sustained a work related injury on April 15, 2003, while working for [REDACTED]. She incurred injuries to her cervical and lumbar spine, shoulders and wrists when lifting a 400 pound woman with another nurse. Magnetic Resonance Imaging (MRI) revealed cervical and lumbar disc protrusions. Treatment included chiropractic sessions, physical therapy and medications. She was diagnosed with lumbar spondylolisthesis, bilateral lumbar radiculopathy, cervical discogenic disease and cervical radiculopathy. Currently, the injured worker complained of bilateral wrist and hand pain with tingling and numbness. Treatments included medication management, chiropractic manipulation, electrical stimulation, and cortisone injections. On February 26, 2015, a request for a second opinion for an orthopedic consultation for cervical spine; one prescription for Ibuprofen 10% cream quantity 60 with no refills and one prescription for Cyclobenzaprine 2% cream 0quantity 60gm with 1 refill was non-certified by Utilization Review, noting the Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic Second Opinion for the Cervical Spine QTY: 1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, Chapter 7, Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch: 7 page 127.

Decision rationale: The patient presents low back pain, neck pain that radiates down bilateral upper extremities, bilateral wrist, and hand pain with tingling and numbness. The pain is rated 6/10 with and 10/10 without medications. The request is for ORTHOPEDIC SECOND OPINION FOR THE CERVICAL SPINE, QTY 1. The RFA provided is dated 06/17/14. Patient's diagnosis included cervical and lumbar disc protrusions confirmed via a Magnetic Resonance Imaging (MRI), lumbar spondylolisthesis, bilateral lumbar radiculopathy, cervical discogenic disease and cervical radiculopathy. Treatments included chiropractic sessions, physical therapy and medications. The patient is to return to modified duty. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. In this case, the patient suffers from chronic and severe neck pain. The treater is requesting for second opinion with orthopedic specialist for the cervical spine. Given the patient's chronic pain that remains in spite of medications and conservative treatments, an orthopedic consultation may contribute to improved management of symptoms. Therefore, the request IS medically necessary.

Ibuprofen 10% Cream 60gm QTY: 2: 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 analgesic Page(s): 111-113.

Decision rationale: The patient presents low back pain, neck pain that radiates down bilateral upper extremities, bilateral wrist, and hand pain with tingling and numbness. The pain is rated 6/10 with and 10/10 without medications. The request is for IBUPROFEN 10% CREAM 60 GM QTY 2. The RFA provided is dated 01/12/15. Patient's diagnosis included cervical and lumbar disc protrusions confirmed via a Magnetic Resonance Imaging (MRI), lumbar spondylolisthesis, bilateral lumbar radiculopathy, cervical discogenic disease and cervical radiculopathy. Treatments included chiropractic sessions, physical therapy and medications. The patient is to return to modified duty. 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 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. There is no evidence for use of any other muscle relaxant as a topical product." MTUS Guidelines page 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." It further states that

NSAIDs are indicated for "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." Treater has not provided reason for the request, nor indicated which body part would be treated. NSAIDs are indicated for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. In review of medical records, the patient does not present with peripheral joint arthritis/tendinitis, for which an NSAID lotion would be indicated according to MTUS. Therefore, the request IS NOT medically necessary.

Cyclobenzaprine 2% Cream 60gm QTY: 2: 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 analgesic Page(s): 111-113.

Decision rationale: The patient presents low back pain, neck pain that radiates down bilateral upper extremities, bilateral wrist, and hand pain with tingling and numbness. The pain is rated 6/10 with and 10/10 without medications. The request is for CYCLOBENZOPRINE 2% CREAM 60GM QTY 2. The RFA provided is dated 06/17/14. Patient's diagnosis included cervical and lumbar disc protrusions confirmed via a Magnetic Resonance Imaging (MRI), lumbar spondylolisthesis, bilateral lumbar radiculopathy, cervical discogenic disease and cervical radiculopathy. Treatments included chiropractic sessions, physical therapy and medications. The patient is to return to modified duty. The MTUS has the following regarding topical creams (p111, chronic pain section): "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS further states "Cyclobenzaprine is a muscle relaxant and is not supported for any topical formulation." This review is for Cyclobenzoprine 2% cream. MTUS states topical Cyclobenzaprine is not recommended, therefore, the request IS NOT medically necessary.