

Case Number:	CM15-0030179		
Date Assigned:	02/23/2015	Date of Injury:	10/24/2014
Decision Date:	04/09/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/18/2015

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 43 year old male, who sustained an industrial injury on 10/24/2014. He reports breaking up a fight at work and was injured. Diagnoses include lumbar strain and cervical spine pain. Treatments to date include physical therapy, spinal injections and medication management. A progress note from the treating provider dated 1/26/2015 indicates the injured worker reported neck pain. On 2/2/2015, Utilization Review non-certified the request for cervical spine computed tomography scan, Zipsor 25 mg, Baclofen 20 mg and Flector 1.3% patch, citing MTUS/ACOEM.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines neck and upper back chapter on computed tomography.

Decision rationale: This patient presents with neck, back, and right leg pain. The treater is requesting a CT SCAN OF THE CERVICAL SPINE. The RFA from 01/28/2015 shows a request for CT cervical spine. The patient's date of injury is from 10/24/2014 and he is currently on regular work duty. The MTUS and ACOEM guidelines do not address this request. However, the ODG guidelines under the Neck and Upper Back chapter on Computed Tomography states that it is not recommended except for indications below. CT imaging studies are valuable when potentially serious conditions are suspected like tumor, infection, and fracture, or for clarification of anatomy prior to procedure. CT scan has better validity and utility in surgical trauma for high-risk are multiple injured patients. Repeat CT is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The records do not show any previous CT scan of the cervical spine. The 01/26/2015 report shows that the patient complains of worsening neck pain. Examination of the cervical spine was normal. No neurologic or sensory deficits were noted. In this case, the patient does not meet the criteria for a CT scan of the cervical spine based on the ODG guidelines. The request IS NOT medically necessary.

Zipsor 25mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non steroid anti-inflammatory drugs (NSAIDS) Page(s): 67-68, 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medication Medications for chronic pain Page(s): 22, 60.

Decision rationale: This patient presents with neck, back, and right leg pain. The treater is requesting a ZIPSOR 25 MG. The RFA from 01/28/2015 shows a request for Zipsor. The patient's date of injury is from 10/24/2014 and he is currently on regular work duty. The MTUS Guidelines page 22 on anti-inflammatory medication states that anti-inflammatories are the traditional first-line treatment to reduce pain so activity and functional restoration can resume, but long term use may not be warranted. The records do not show a history of Zipsor use. The 01/26/2015 report shows that the patient continues to complain of worsening neck pain. He continues with some numbness to his right posterior leg down to the heel and lateral and plantar aspect of the foot. In this case, MTUS supports the use of anti-inflammatories as a traditional first line treatment to reduce pain and inflammation. However, the quantity was not noted. The current request for an unlimited number of Zipsor is not supported by the MTUS guidelines. The request IS NOT medically necessary.

Baclofen 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: This patient presents with neck, back, and right leg pain. The treater is requesting a BACLOFEN 20 MG. The RFA from 01/28/2015 shows a request for Baclofen. The patient's date of injury is from 10/24/2014 and he is currently on regular work duty. For muscle relaxants for pain, the MTUS Guidelines page 63 that it recommends non-sedating muscle relaxants with precaution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension. In most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. The records do not show a history of baclofen use. The 01/26/2015 report shows that the patient complains of neck, lower back, and right leg pain. He continues to report some numbness into his right posterior leg down to the heel and lateral foot as well as the plantar aspect of the foot. Given the patient persistent symptoms a short course of baclofen would be appropriate. However, the quantity requested was not provided. The current request for an unlimited quantity of baclofen is not supported by the guidelines. The request IS NOT medically necessary.

Flector 1.3% patch: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines- pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: This patient presents with neck, back, and right leg pain. The treater is requesting a FLECTOR 1.3% PATCH. The RFA from 01/28/2015 shows a request for Flector Patch. The patient's date of injury is from 10/24/2014 and he is currently on regular work duty. The MTUS Guidelines on topical analgesics page 111 to 113 states that topical NSAIDs are recommended for peripheral joint osteoarthritis/tendinitis-type problems. These medications may be used for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. The records do not show a history of Flector patch use. The patient does not present with localized, peripheral, neuropathic pain which is a criteria for Flector patch use. And the quantity requested was not noted. In this case, the current request for an unlimited quantity of Flector patch is not supported by the guidelines. The request IS NOT medically necessary.