MAXIMUS Federal Services

Case Number:	CM15-0044796		
Date Assigned:	03/16/2015	Date of Injury:	12/11/2012
Decision Date:	05/01/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/09/2015

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 55 year old male, who sustained an industrial injury on December 11, 2012. The injured worker was diagnosed as having chronic cervical strain with disc herniation, left upper extremity radicular pain and left shoulder partial rotator cuff tear with tendinitis. A progress note dated February 4, 2015 the injured worker complains of neck and shoulder pain rated 6/10. He reports muscle spasms and the pain is worsening. The injured worker reports Motrin lowers the pain to 3/10. Physical exam provides tenderness of paraspinal region with slight decreased range of motion (ROM) of neck. There is positive Neer's and Hawkin's impingement of the left shoulder with decreased range of motion (ROM). The plan includes oral and topical medication and open magnetic resonance imaging (MRI) of cervical spine and left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Open MRI Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): 182 and 209. Decision based

on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC); Shoulder Procedure Summary (updated 8/27/14).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official disability guidelines chapter 'Neck and Upper Back (Acute & Chronic)' and topic 'Magnetic resonance imaging (MRI).

Decision rationale: The 55 year old patient complains of pain in cervical spine, rated at 6/10, and left shoulder, rated at 5-6/10, as per progress report dated 02/04/15. The request is for OPEN MRI CERVICAL SPINE. There is no RFA for the case, and the patient's date of injury is 12/11/12. Diagnoses, as per progress report dated 02/04/15, included chronic cervical strain with disc herniation, left upper extremity radicular pain, and left shoulder partial rotator cuff tear and rotator cuff tendinitis. The patient is currently working, as per the same progress report. ACOEM Guidelines, chapter 8, page 177 and 178, state "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG Guidelines, chapter 'Neck and Upper Back (Acute & Chronic)' and topic 'Magnetic resonance imaging (MRI)', have the following criteria for cervical MRI: (1) Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present. (2) Neck pain with radiculopathy if severe or progressive neurologic deficit. (3) Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present. (4) Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present. (5) Chronic neck pain, radiographs show bone or disc margin destruction. (6) Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal." (7) Known cervical spine trauma: equivocal or positive plain films with neurological deficit. (8) Upper back/thoracic spine trauma with neurological deficit. ODG guidelines also state that "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." In this case, only one progress report dated 02/04/15 has been provided for review and it does not indicate prior MRI of the cervical spine. The treating physician is requesting for an open MRI as the patient "continues to have persistent pain and diminished symptomatology of the left shoulder and neck", and is claustrophobic. However, physical examination does not indicate any neurological deficit. Although the patient has tenderness in paraspinals along with decreased range of motion, strength and sensation are intact. Given the lack of significant findings during neurological examination, the request IS NOT medically necessary.

Flurbiprofen/Lidocaine cream 20%, 5% 180gms: Upheld

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

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

Decision rationale: The 55 year old patient complains of pain in cervical spine, rated at 6/10, and left shoulder, rated at 5-6/10, as per progress report dated 02/04/15. The request is for Flurbiprofen/Lidocaine cream 20%, 5% 180 gms. There is no RFA for the case, and the patient's date of injury is 12/11/12. Diagnoses, as per progress report dated 02/04/15, included chronic cervical strain with disc herniation, left upper extremity radicular pain, and left shoulder partial rotator cuff tear and rotator cuff tendinitis. The patient is currently working, as per the same progress report. The MTUS guidelines, page 111, do not support the use of topical NSAIDs such as Flurbiprofen for axial, spinal pain, but supports its use for peripheral joint arthritis and tendinitis. Regarding topical analgesics, MTUS guidelines on page 111, state that Lidocaine Indication: Neuropathic pain. Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. In this case, only one progress report dated 02/04/15 has been provided for review. In the report, the treating physician states that the patient does not like oral Motrin "as it does cause him GI upset." The physician is, therefore, requesting for Flurbiprofen/Lidocaine cream to help the patient manage pain and continue working. The physician does not document why this topical formulation was chosen over other products. There is no diagnosis of peripheral joint arthritis and tendinitis for which topical NASIDs are indicated. Additionally, guidelines do not support Lidocaine in any form other than a topical patch. MTUS Guidelines also provide clear discussion regarding topical compounded creams on pg 111. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. This request IS NOT medically necessary.