

Case Number:	CM15-0058125		
Date Assigned:	04/02/2015	Date of Injury:	06/27/2003
Decision Date:	05/05/2015	UR Denial Date:	03/14/2015
Priority:	Standard	Application Received:	03/26/2015

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: Emergency 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 52 year old male, who sustained an industrial injury on June 27, 2003. The exact mechanism of injury on this date is unknown. The injured worker was diagnosed as having right partial supraspinatus tear, cervical disc disease, cervical radiculopathy, intractable neck pain, cervical facet arthropathy, cervical myofascial pain syndrome and status post anterior cervical discectomy and fusion. Treatment to date has included diagnostic studies, surgery, medication, acupuncture, physical therapy and injections. On February 19, 2015, the injured worker complained of constant pain in his neck, upper back, lower back, right shoulder, right hip, right thigh and right ankle. He also experiences numbness in his right thigh. The treatment plan included medications and a follow-up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Orthopedic Re-evaluation within 6 weeks: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): red flag conditions,Chronic Pain Treatment Guidelines Introduction Page(s): 1.

Decision rationale: The requested 1 Orthopedic Re-evaluation within 6 weeks, is medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, Assessing red flags and indications for immediate referral, recommend specialist consultation with physical exam evidence of severe neurologic compromised that correlates with the medical history and test results; and California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 1, Part 1: Introduction, states: If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. The injured worker has constant pain in his neck, upper back, lower back, right shoulder, right hip, right thigh and right ankle. He also experiences numbness in his right thigh. The treating physician has documented right partial supraspinatus tear, cervical disc disease, cervical radiculopathy, intractable neck pain, cervical facet arthropathy, cervical myofascial pain syndrome and status post anterior cervical discectomy and fusion. The treating physician has documented the medical necessity for one follow-up orthopedic evaluation. The criteria noted above having been met, 1 Orthopedic Re-evaluation within 6 weeks is medically necessary.

1 Compound Topical Gabapentin 10%, Cyclobenzaprine 4%, Ketoprofen 10%, Capsaicin 0.0375%, Menthol 5% and Camphor 2%, 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Muscle Relaxants.

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

Decision rationale: The requested 1 Compound Topical Gabapentin 10%, Cyclobenzaprine 4%, Ketoprofen 10%, Capsaicin 0.0375%, Menthol 5% and Camphor 2%, 120gm is not necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has constant pain in his neck, upper back, lower back, right shoulder, right hip, right thigh and right ankle. He also experiences numbness in his right thigh. The treating physician has documented right partial supraspinatus tear, cervical disc disease, cervical radiculopathy, intractable neck pain, cervical facet arthropathy, cervical myofascial pain syndrome and status post anterior cervical discectomy and fusion. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. Therefore the request is not medically necessary.

1 Compound Topical Flurbiprofen 12%, Baclofen 2%, Gabapentin 6% and Lidocaine 4%, 120gm: Upheld

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

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

Decision rationale: The requested 1 Compound Topical Flurbiprofen 12%, Baclofen 2%, Gabapentin 6% and Lidocaine 4%, 120gm is not necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has constant pain in his neck, upper back, lower back, right shoulder, right hip, right thigh and right ankle. He also experiences numbness in his right thigh. The treating physician has documented right partial supraspinatus tear, cervical disc disease, cervical radiculopathy, intractable neck pain, cervical facet arthropathy, cervical myofascial pain syndrome and status post anterior cervical discectomy and fusion. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. Therefore the request is not medically necessary.