

Case Number:	CM15-0058969		
Date Assigned:	04/03/2015	Date of Injury:	08/09/2011
Decision Date:	05/26/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/27/2015

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, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care 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 50-year-old female who reported an injury on 08/09/2011. The mechanism of injury was cumulative trauma. The injured worker was noted to undergo an MRI of the cervical spine on 11/03/2014, which revealed at the level of C5-6, there was mild canal stenosis. The injured worker had neural foraminal narrowing at C5-6 that was moderate bilaterally and at C6-7 that was moderate bilaterally. There was noted to be retrolisthesis of C5 and C6. There was a Request for Authorization submitted for review dated 01/08/2015. Prior therapies included 24 sessions of acupuncture. The documentation of 01/08/2015 revealed the injured worker had neck and upper back pain. The pain had increased since the last visit. The injured worker was utilizing naproxen 550 mg and capsaicin cream. The injured worker indicated medications decreased her pain by approximately 50% and allowed her to increase her activity level at work. The medications allowed her to do more typing at work and allowed her to perform more household chores, like cleaning. The injured worker was noted to have constipation, however, attributed it to diverticulitis not due to medications. The injured worker denied other side effects. Prior therapies included 6 sessions of physical therapy with some relief, ongoing acupuncture and over the counter medications. The injured worker indicated she had no epidural steroid injections or surgery for the neck or back. The objective findings revealed the range of motion of the cervical spine was limited in all planes due to pain. The injured worker had pain with left sided facet loading of the cervical spine. Upper extremity sensation was intact. The strength in the left biceps with external rotation and internal rotation was 4+/5. The diagnoses included herniated nucleus pulposus of the cervical spine with neural

foraminal narrowing. The treatment plan included an interlaminar epidural steroid injection at C5-6 due to the diagnostic and therapeutic processes. Additionally, the injured worker was prescribed naproxen 550 mg for pain and inflammation, Prilosec 20 mg for gastric protection, and capsaicin cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

CM4 Cap .05 Percent + Cyclo 4 Percent: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, Topical muscle relaxants Page(s): 111,113.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines indicates that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines do not recommend the topical use of Cyclobenzaprine as a topical muscle relaxant as there is no evidence for use of any other muscle relaxant as a topical product. The clinical documentation submitted for review failed to provide documentation of the specific ingredient "CM4" cap. There was a lack of documentation of a trial and failure of antidepressants and anticonvulsants. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. The request as submitted failed to indicate the frequency and the specific quantity of the medication. Given the above, the request for CM4 Cap .05 Percent + Cyclo 4 Percent is not medically necessary.

Naproxen Sodium 550 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: The California MTUS guidelines indicate that NSAIDS are recommended for short term symptomatic relief of mild to moderate pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review indicated the injured worker had an objective decrease in pain and objective functional improvement. This medication would be supported. However, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for naproxen sodium 550 mg #60 is not medically necessary.

Omeprazole 20 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: The California MTUS guidelines recommend proton pump inhibitors for injured workers at intermediate risk or higher for gastrointestinal events and are also for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the medication was utilized for gastric protection. However, there was a lack of documentation indicating the injured worker was at intermediate risk or higher for gastrointestinal events. There was a lack of documentation indicating the injured worker had dyspepsia secondary to NSAID therapy. Additionally, as the request for the NSAID was not medically necessary, this request would not be medically necessary. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for omeprazole 20 mg #60 is not medically necessary.

Interlaminar ESI at C5-6 and C6-7: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

Decision rationale: The California MTUS Guidelines recommend epidural steroid injections for patients who have documented objective findings of radiculopathy upon physical examination that are corroborated by electrodiagnostics or imaging studies. There should be documentation the patient has failed conservative care, including exercise, physical medicine, NSAIDs, and muscle relaxants. The clinical documentation submitted for review indicated the injured worker had an MRI. However, there was a lack of documentation of nerve impingement at all the requested levels. While there was documentation of retrolisthesis at C5-6, there was a lack of documentation indicating the injured worker had nerve impingement at this level. There was a lack of documentation of a failure of conservative care, including NSAIDs, muscle relaxants, exercise, and physical medicine. There were myotomal findings. However, given the above and the lack of documentation, the request for interlaminar ESI at C5-6 and C6-7 is not medically necessary.