MAXIMUS Federal Services

Case Number:	CM15-0072943		
Date Assigned:	05/20/2015	Date of Injury:	05/12/2004
Decision Date:	09/18/2015	UR Denial Date:	04/11/2015
Priority:	Standard	Application Received:	04/16/2015

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, Arizona
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 60 year old female, who sustained an industrial injury on 05/12/2004. She has reported injury to the head, neck, and low back. The diagnoses have included cervical discopathy with disc displacement; cervical radiculopathy; bilateral shoulder impingement syndrome; status post anterior cervical discectomy and fusion at C5-6 and C-7, on 03/20/2008; lumbar sprain/strain; and displacement of lumbar intervertebral disc. Treatment to date has included medications, diagnostics, injections, physical therapy, and surgical interventions. Medications have included Norco, Quazepam, Naprosyn, Prilosec, Fexmid, and topical compounded creams. A progress note from the treating physician, dated 03/30/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of cervical spine pain radiating down the right arm with numbness and tingling; right shoulder pain; unable to raise arm; and the medications and compound creams are helpful. Objective findings included cervical spine and lumbar spine with tenderness to the paraspinals with decreased range of motion, secondary to pain; positive straight leg raise test to the bilateral lower extremities; right shoulder positive for acromioclavicular joint tenderness, as well as positive Hawkins, O'Brien's, and Neer's testing. The treatment plan has included the request for MRI cervical spine; Tramadol HCl 150mg #90; topical compound Flurbiprofen 25% 7.5gm; topical compound Menthol 10% #3gm; topical compound Camphor 3% #9gm; topical compound Capsaicin 0.0375% #01gms; topical compound Ultraderm base 18.59gms; and Quazepam 15mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 177 and 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 304.

Decision rationale: Per California MTUS Guidelines, MRI is indicated if there are unequivocal objective findings that identify specific nerve compromise on neurologic examination in patients who do not respond to treatment and who would consider surgery an option. Cervical MRI is the mainstay in the evaluation of myelopathy. In addition to diagnosing disc herniation, neoplastic and infectious processes can also be visualized using MRI. Within the submitted documentation, there was no mention of weakness, or sensory deficits that would warrant MRI imaging. Without specific objective findings indicating significant neurologic dysfunction, this request cannot be supported and is not medically necessary.

Tramadol HCL 150mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for neuropathic pain Page(s): 82-84.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines state that Tramadol is not recommended as a first line oral analgesic for neuropathic pain. Furthermore, according to the California MTUS, ongoing pain medications can be considered if the 4 A's have been established. The 4 A's include analgesia, activities of daily living, aberrant drug taking behavior, and adverse side effects. There is lack of documentation as it pertains to the 4 A's to warrant non-adherence to guideline recommendations. This request at this time is not medically necessary.

Topical compound Flurbiprofen 25% 7.5gm: Upheld

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

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

Decision rationale: Per MTUS guidelines, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anti-convulsants and/or anti-depressants have failed. The guidelines go on to state that when any compounded product

contains 1 medication that is not recommended, the compounded product as a whole is not recommended. There is lack of documentation stating failure to first line medications for neuropathic pain, and specific details as to why topical formulations are necessary over standard oral agents to treat the injured workers' symptoms. The request is not medically necessary and has not yet been substantiated.

Topical compound Menthol 10% #3gm: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Per MTUS guidelines, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anti-convulsants and/or anti-depressants have failed. The guidelines go on to state that when any compounded product contains 1 medication that is not recommended, the compounded product as a whole is not recommended. There is lack of documentation stating failure to first line medications for neuropathic pain, and specific details as to why topical formulations are necessary over standard oral agents to treat the injured workers' symptoms. The request is not medically necessary and has not yet been substantiated.

Topical compound Camphor 3% #9gm: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Per MTUS guidelines, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anti-convulsants and/or anti-depressants have failed. The guidelines go on to state that when any compounded product contains 1 medication that is not recommended, the compounded product as a whole is not recommended. There is lack of documentation stating failure to first line medications for neuropathic pain, and specific details as to why topical formulations are necessary over standard oral agents to treat the injured workers' symptoms. The request is not medically necessary and has not yet been substantiated.

Topical compound Capsaicin 0.0375% #01gms: Upheld

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

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

Decision rationale: Per MTUS guidelines, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anti-convulsants and/or anti-depressants have failed. The guidelines go on to state that when any compounded product contains 1 medication that is not recommended, the compounded product as a whole is not recommended. There is lack of documentation stating failure to first line medications for neuropathic pain, and specific details as to why topical formulations are necessary over standard oral agents to treat the injured workers' symptoms. Medical necessity has not yet been substantiated.

Topical compound Ultraderm base 18.59gms: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Per MTUS guidelines, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anti-convulsants and/or anti-depressants have failed. The guidelines go on to state that when any compounded product contains 1 medication that is not recommended, the compounded product as a whole is not recommended. There is lack of documentation stating failure to first line medications for neuropathic pain, and specific details as to why topical formulations are necessary over standard oral agents to treat the injured workers' symptoms. The request is not medically necessary and has not yet been substantiated.

Quazepam 15mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: California MTUS guidelines state that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there are risks of dependency. Guidelines generally limit use to 4 weeks. Chronic benzodiazepines are the treatment of choice in very few conditions. There is lack of documentation to support non-adherence to guideline recommendations. There is lack of documentation mentioning improved

quality of life, better sleep pattern, and/or improved function on Quazepam. This request is not medically necessary.