

Case Number:	CM15-0082942		
Date Assigned:	05/05/2015	Date of Injury:	12/30/2009
Decision Date:	06/17/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/29/2015

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, North Carolina

Certification(s)/Specialty: Family Practice

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 48-year-old male, who sustained an industrial injury on 12/30/09. The injured worker was diagnosed as having carpal tunnel syndrome post right carpal tunnel release, cervical intervertebral disc disorder with myelopathy, lumbar intervertebral disc disorder with myelopathy, and rotator cuff syndrome. Treatment to date has included medications. Currently, the injured worker complains of pain in the low back, sacroiliac region, buttocks, bilateral legs, bilateral knees, bilateral ankles, bilateral feet, left shoulder, left arm, left elbow, and left thoracic area. Numbness and tingling was present in bilateral hands. A physician's report dated 1/24/15 reported lumbar spine pain was 6/10, cervical spine pain was 5/10, and left shoulder pain was 4/10. A physician's report dated 3/6/15 noted pain was rated as 6/10. A physician's report dated 4/3/15 noted pain was 7/10. Pain was noted to be 8/10 at worst and 5/10 at least. The treating physician requested authorization for a MRI of the cervical and lumbar spine and Norco 10/325mg #60. Other requests included FCL, Flurbiprofen 20%, Baclofen 2%, Dexamethanoe 2%, Menthol 2%, Camphor 2%, Capsaicin 0.0375%, and Hyaluronic acid 0.20% 180g. The treating physician noted a MRI is needed due to persistent symptoms. The requested topical cream is needed to reduce pain, increase function and mobility and to decrease the need of additional oral medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): Table 8-7; Table 12- 7, Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 177, 303.

Decision rationale: The request is for MRIs of the lumbar and cervical regions in a claimant with chronic lumbar and cervical pain. MRIs are recommended by the ACOEM guidelines when there are unequivocal findings that identify specific nerve compromise on the neurologic exam that are sufficient to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. In this case the date of injury was 2009. The records submitted to document that the symptoms have changed or worsened and are indeed stable. No rationale is provided stating how further diagnostic imaging would benefit this patient. The request is deemed not medically necessary.

FCL, Flurbiprofen 20%, Baclofen 2%, Dexamethanoe 2%, Menthol 2%, Camphor 2%. Ca[saocom 0.0375%. Hyaluronic acid 0.20%, in 180 grams: Upheld

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

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

Decision rationale: CA MTUS guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little research to support the use of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the requested product contains at least seven different agents, including Baclofen, which is specifically not recommended by the MTUS. The other agents are either not addressed or have no demonstrated therapeutic value when used as topical agents. The request is deemed not medically necessary.

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

Decision rationale: The request is for on-going opioid management of chronic pain in the form of Norco 10/325 #60. The CA MTUS guidelines state that the lowest possible dose of opioids should be prescribed to improve pain and function. The 4A's should also be monitored and documented in the record. These include, analgesia, activities of daily living, adverse side effects and aberrant drug behavior. In this case, documentation of the 4A's is not present. In addition, there is no evidence of functional benefit from the opioids, no results of urine drug screens. There is also no plan to wean the patient from the opioids. Therefore, this request is deemed not medically necessary.