

Case Number:	CM15-0085008		
Date Assigned:	05/07/2015	Date of Injury:	07/18/2014
Decision Date:	07/07/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	05/04/2015

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: Florida

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 70-year-old male, with a reported date of injury of 07/18/2014. The diagnoses include rule out Intradiscal injury of the cervical spine, rule out Intradiscal injury of the thoracic spine, rule out Intradiscal injury of the lumbar spine, rule out cervical radiculopathy, and rule out lumbar radiculopathy. Treatments to date have included electrodiagnostic studies of the upper extremities on 01/22/2015 which showed right carpal tunnel syndrome and left carpal tunnel syndrome, electrodiagnostic studies of the lower extremities on 11/20/2014, an MRI of the lumbar spine on 10/22/2014, chiropractic therapy, oral medications, and topical pain medication. The progress report dated 02/26/2015 indicates that the injured worker denied any new symptoms or significant changes to his condition. He complained of left-sided neck pain, rated 10 out of 10; pain with numbness of the left shoulder with radiation to the left hand; low back pain on the left side, rated 10 out of 10; pain with numbness along the lateral aspect of the left hip and down the leg. The injured worker's pain rating decreased from 10 out of 10 to 4 out of 10 with medications. The objective findings include a mildly antalgic gait, normal heel/toe walk, no tenderness to palpation of the cervical and thoracic paraspinal muscles; tenderness to palpation of the left lumbar paraspinal muscles, with left more than the right; decreased cervical spine range of motion; decreased thoracic spine range of motion; decreased lumbar spine range of motion; decreased sensation in the left C5-8 dermatomes; decreased sensation in the left L3, L4, L5, and S1 dermatomes; hyper reflex of the bilateral biceps; and positive left straight leg raise test. The treating physician requested an outpatient MRI of the thoracic spine due to ongoing neck and back pain with neurological symptoms; Tramadol/APAP (acetaminophen)

37.5/325mg #30 for pain; Naproxen Sodium 550mg #60 for inflammation; CM4 (CAPS 0.05% plus Cyclobenzaprine 4%) #1; and a medication panel to monitor the injured worker's liver and kidney function while taking 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 Thoracic Spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ACEOM Low Back Complaints, referenced by CA MTUS guidelines Page(s): 303-305.

Decision rationale: California MTUS guidelines 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. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery." Regarding this patient's case, he is having neck and back pain with neurological symptoms. An EMG/NCS study failed to provide an explanation for his symptoms. MRI's of the cervical, thoracic, and lumbar spine have been requested. This review is for a Thoracic spine MRI. Documentation is sufficient to warrant an MRI study of the thoracic spine. Neurological deficits are sufficient evidence to warrant imaging in patients who have failed to respond to treatment. Likewise, this request for a Thoracic spine MRI is medically necessary.

Tramadol/APAP 37.5/325mg, #90: 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 Criteria for use of opioids Page(s): (s) 76-80 of 127.

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if; "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, there is no objective evidence of functional improvement. Likewise, this requested chronic narcotic pain medication is not medically necessary.

Naproxen Sodium 550mg tablet, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 64, 102-105, 66.

Decision rationale: In accordance with California MTUS guidelines, NSAIDS are recommended as an option for short-term symptomatic relief. These guidelines state, "A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics." The MTUS guidelines do not recommend chronic use of NSAIDS due to the potential for adverse side effects. Likewise, this request for Naproxen is not medically necessary.

CM4 (Caps 0.05% plus (+) Cyclo 4%), #1: Upheld

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

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

Decision rationale: In accordance with California MTUS guidelines, topical analgesics are considered "Largely experimental in use with few randomized controlled trials to determine efficacy or safety." Guidelines go on to state that, "There is little to no research to support the use of many of these agents." The guideline specifically says, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The requested topical analgesic contains Cyclobenzaprine. Topical muscle relaxants are not recommended by MTUS guidelines. Likewise, this medication request is not medically necessary.

Medication Panel: 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 Criteria for the use of opioids Page(s): 77-79.

Decision rationale: This request is for a "medication panel." Utilization review did not approve this request as it is stated that, "there is no explanation of what is included in a medication panel, this request is not approved." Review of the documentation shows that the treating physician is attempting to order a CMP (comprehensive metabolic panel.) He states that he wishes to monitor the patient's liver and kidney function as is recommended for patients on NSAIDs and Tylenol (Acetaminophen.) This patient's NSAID medication Naproxen and his Tramadol medication that contains Acetaminophen have not been recommended for certification. The last time this patient had a CMP checked is not stated in the records. Therefore, this request is not medically necessary.