

Case Number:	CM13-0030724		
Date Assigned:	11/27/2013	Date of Injury:	10/06/2010
Decision Date:	03/10/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	09/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 physician 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/services.

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 patient is a 57 year old female with a date of injury of 10/06/2010. According to report dated 08/12/2013 by [REDACTED], patient presents with pain in her neck with radiation to the interscapular region and both upper extremities with numbness and spasms. She also has tremendous right buttock pain and sciatic on the right side. Patient reports she is miserable with the pain in her neck. Examination showed tenderness, spasms, and limited range of motion. It was noted that patient has radiating pain over the deltoid and forearm with Spurling's maneuver and cervical compression. She also has weakness of her deltoid and wrist extensors bilaterally, decreased sensation in the C5-C6 dermatomes and pain in the L5-S1 with central and par lumbar tenderness. This patient was approved for an anterior cervical discectomy and fusion C3-C4, C4-C5 and C5-C6. Treater is requesting transportation to and from the facility, Flurbiprofen gel, Ketaprofen/Ketamin Gel, Gabapentin/Cyclo/Cap Cream, 36 post op physical therapy sessions and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation to and from facility: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Manual Chapter 12.1 from the California Department of Health Care Services.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, Transportation.

Decision rationale: This patient presents with pain in her neck with radiation to the interscapular region and both upper extremities with numbness and spasms. The patient has been approved for an anterior cervical discectomy and fusion and the treater is requesting transportation to and from the facility. California allows for transportation service to and from the medical appointments for treatment of the industrial injury. This is also indicated in the ODG guidelines, although listed in the knee chapter, the guideline gives the general statement that medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport is recommended. The anticipated cervical fusion surgery would appear to leave the patient a temporary disability preventing self-transport. Transportation to and from the medical facility for the surgery appears to be in accordance with ODG guidelines.

Flurbiprofen 20% gel: Upheld

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

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

Decision rationale: The patient presents with neck and low back pain. MTUS guidelines for use of topical NSAIDs specifically states there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The use of the topical NSAID over the neck and back (spine) is not in accordance with MTUS guidelines.

Ketoprofen 20%/Ketamine 10% gel: Upheld

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

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

Decision rationale: The patient presents with neck and low back pain. MTUS guidelines for use of topical NSAIDs specifically states that there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder and states that Ketoprofen is not FDA approved for topical use. The use of the topical NSAID over the neck and back (spine) is not in accordance with MTUS guidelines.

Gabapentin 10%/Cyclobenzaprine 10%/Capsaicin 0.0375% gel: Upheld

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

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

Decision rationale: MTUS for topical gabapentin states that it is not recommended. There is no peer-reviewed literature to support use. And, MTUS states any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Since topical gabapentin is not recommended, the whole compounded topical medication that contains the gabapentin is not recommended.

Postoperative physical therapy (36 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: This patient presents with pain in her neck with radiation to the interscapular region and both upper extremities with numbness and spasms. The patient has been approved for an anterior cervical discectomy and fusion and the treater is requesting 36 post-surgical PT visits. UR had modified the request and allowed 12 sessions of PT. MTUS post-surgical guidelines states the general course of care for cervical fusion is 24 visits, and the initial course of care is half the general course of care, or 12 visits. The request for initial 36 visits of PT exceeds the MTUS post-surgical initial course of care recommendations.

Norco 5/325mg every 4-6 hours: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

Decision rationale: This patient has been approved for an anterior cervical discectomy and fusion and the treater is requesting Norco 5/325mg one p.o. 4-5h p.r.n for pain. Utilization review letter dated 09/16/2013 approved request for Norco 5/325 #60 as this will be beneficial in the rehabilitation process. MTUS states that opioids are recommended for general conditions such as neuropathic pain. Opioids have been suggested for neuropathic pain that has not responded to first-line recommendations (antidepressants, anticonvulsants). Post-operative use of opiate is reasonable and medically necessary. Norco #60 has already been approved by Utilization Review on 09/16/2013 for post operative use. The requested Norco 5/325mg is medically necessary and recommendation is for approval.