

Case Number:	CM14-0150276		
Date Assigned:	09/18/2014	Date of Injury:	06/23/2014
Decision Date:	10/27/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/15/2014

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. The expert reviewer is Board Certified in Occupational Medicine 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 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Injured worker is a female with date of injury 6/23/2014. Per primary treating physician's initial report with request for authorization dated 8/7/2014, the injured worker complains of pain in the neck, right shoulder, and right elbow. She is experiencing constant neck pain that radiates into the right shoulder, shoulder blade, arm, hand and fingers. She reports numbness and tingling in the right thumb, index and middle fingers, as well weakness of the upper extremity. Pain increases with turning the head from side to side, flexing and extending the head and neck, reaching, lifting and with prolonged sitting and standing. She denies headaches. Pain is rated at 4/10. She is experiencing constant pain in the right shoulder. The pain increases with rotation, torqueing motion, reaching over the head, lifting, carrying, pushing, pulling, abduction or external rotation. She notes instability of the right shoulder as well as clicking, popping, and grinding sensations. There is complaint of swelling, numbness, tingling and burning sensations. Pain is rated at 4/10. She is experiencing constant pain in the right elbow that radiates down and up the arm to the hand. There is increased pain with flexion, extension, torqueing motion, lifting, carrying, pulling and pushing. She denies clicking or popping. She complains of swelling. There is report of numbness, tingling and weakness of the forearm and hand. Pain is rated at 4/10. She denies pain in her right hand, but has numbness and tingling in the right thumb, index and middle fingers. She denies any pain in her back. Examination of the cervical spine revealed reduced range of motion in all planes. Palpation of the cervical paravertebral muscles and levator scapulae demonstrated tenderness and hypertonicity on the right and tenderness on the left. Palpation of the trapezius demonstrated tenderness and hypertonicity bilaterally. Palpation of the scalenes and sternocleidomastoid were normal. Palpation of the cervical spine was normal. Cervical compression test was positive. Cervical distraction and Soto Hall tests were negative. Spurling's test was positive on the right. Shoulder depression, Adson's, hyperabduction and

costoclavicular tests were negative bilaterally. Deep tendon reflexes were normal. Sensation was decreased in the C6 and C7 nerve distributions on the left. Motor power was 4/5 in the C5 distribution on the right. Right shoulder examination revealed range of motion was reduced in all planes. Palpation was normal bilaterally. Special tests were normal bilaterally. Motor strength was 4/5 on flexion, extension, abduction, adduction, internal and external rotation on the right. Examination of the right elbow revealed limited flexion, supination, pronation, with normal extension. Palpation of the forearm flexors demonstrated tenderness. There was tenderness to the lateral epicondyle. Special tests were negative. Upper extremity circumference at biceps was 35 cm on the right and 36 cm on the left. Forearm circumference was 27 cm on right and 28 cm on the left. Diagnoses include cervical strain, rule out cervical disc herniation; right shoulder rotator cuff syndrome, rule out rotator cuff tear; right upper extremity numbness, rule out peripheral nerve entrapment versus cervical radiculopathy; right elbow lateral epicondylitis; rule out carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kera-Tek Gel 4 ounces: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals and Topical Analgesics Page(s): 104 and 111-113.

Decision rationale: Kera-Tek Gel contains the active ingredients menthol (16%) and methyl salicylate (28%). Salicylate topical is recommended by the MTUS Guidelines, as it is significantly better than placebo in chronic pain. Menthol is not addressed by the MTUS Guidelines, but it is often included in formulations of anesthetic agents. It induces tingling and cooling sensations when applied topically. Menthol induces analgesia through calcium channel-blocking actions, as well as binding to kappa-opioid receptors. Menthol is also an effective topical permeation enhancer for water-soluble drugs. There are reports of negative effects from high doses of menthol such as 40% preparations. The requesting physician explains that Kera-Tek Gel is recommended so as to minimize her need for oral medication, and to maintain the injured worker's painful symptoms, restore activity levels and aid in functional restoration. Topical analgesics are recommended by the MTUS Guidelines. The request for Kera-Tek Gel 4 ounces is determined to be medically necessary.

Naprosyn Sodium 550mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-71.

Decision rationale: The use of NSAIDs is recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to Acetaminophen and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain, as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. The injured worker's injuries are acute and she has not been treated chronically with NSAIDs. Short-term use of NSAIDs is within the recommendations of the MTUS Guidelines. The request for Naprosyn Sodium 550mg #60 is determined to be medically necessary.

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 172.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: Per the MTUS Guidelines, if physiologic evidence indicates tissue insult or nerve impairment, an MRI may be necessary. Other criteria for special studies have also not been met, such as the emergence of a red flag, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. An MRI is not likely to provide any benefit for the injured worker in her present condition and treatment plan. The request for MRI of the cervical spine is determined to not be medically necessary.