

Case Number:	CM14-0165359		
Date Assigned:	10/10/2014	Date of Injury:	04/11/2011
Decision Date:	11/12/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/07/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Connecticut. 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:

The medical care or claims processes. After careful review of the medical records, this is a 59 year old female with complaints of burning pain upper extremities, neck pain, and headaches. The date of injury is 4/21/11 and the mechanism of injury is due to complications treatment for motor vehicle accident. At the time of request for the following: 1. Norco 10/325 #120 2. Neurontin 600mg #90 3. Voltaren cream 4. EMG/NCV upper extremities 5. Cervical MRI, there is subjective (upper extremity pain, neck pain, headaches) and objective (weakness right upper extremity, spasm and tenderness neck) findings, imaging findings(MRI cervical 12/22/13 shows syrinx cervical spinal cord with edema), diagnoses (cervical spinal cord syrinx, spinal cord injury with myelopathy s/p cervical injection, neuropathic pain bilateral upper extremities, cervical radiculopathy, cervical spinal stenosis), and treatment to date (medications, physical therapy). A comprehensive strategy for the prescribing of opioids needs to be in place including detailed evaluation of ongoing pharmacologic treatment ie drug analgesic efficacy as well as a gross examination of physical function on and off the medication (or at the end of a dosing cycle). Aberrant behavior (or absence of) due to drug misuse (or compliance) needs to be documented. Drug urine testing should be performed. A medication agreement is highly recommended and should be on file. AEDs or drug class known as anticonvulsants are recommended for neuropathic pain. There are randomized controlled trials for the use of the class of medications for the treatment of neuropathic pain studied mostly from post herpetic neuralgia and diabetic neuropathy patients. Voltaren gel is FDA approved for the indication of osteoarthritis and tendonitis of the knee, elbow, and hand. It is not recommended as a first line treatment however it may be recommended after demonstrating failure of oral NSAIDS. According to FDA Medwatch post marketing surveillance of Voltaren Gel, there have been reports of adverse reactions including liver necrosis, jaundice, fulminant hepatitis without jaundice and liver failure.

Some of these reported cases resulted in fatalities or liver transplantation. Electrodiagnostic testing is helpful in localizing the source of neurological symptoms and establishing the diagnosis of nerve entrapment such as radiculopathy. However, it is not necessary and redundant if clinically it is obvious that a radiculopathy is present. Furthermore, NCS are not recommended while EMG (needle not surface) may be beneficial in determining cervical and lumbar radiculopathy. MRI is considered the gold standard in diagnostic imaging for defining soft tissue anatomy due to its greater resolution. MRI is recommending assessing nerve root injury or spinal cord compression, if the patient is a candidate for surgery or radiation therapy, or if no contraindications to MRI existing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/35mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 74-84.

Decision rationale: Per MTUS-Chronic Pain Medical Treatment Guidelines, a comprehensive strategy for the prescribing of opioids needs to be in place including detailed evaluation of ongoing pharmacologic treatment ie drug analgesic efficacy as well as a gross examination of physical function on and off the medication (or at the end of a dosing cycle). Aberrant behavior (or absence of) due to drug misuse (or compliance) needs to be documented. Drug urine testing should be performed. A medication agreement is highly recommended and should be on file. As the medical records provided do support/supply this information, it is my opinion that the request for Norco 10/325 #120 is medically necessary.

Neurontin 600mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs(AEDs) Page(s): 16-18.

Decision rationale: Per MTUS-Chronic Pain Medical Treatment Guidelines, AEDs or drug class known as anticonvulsants are recommended for neuropathic pain. There are randomized controlled trials for the use of the class of medications for the treatment of neuropathic pain studied mostly from post herpetic neuralgia and diabetic neuropathy patients. In review of the medical records, there is documentation of indication for gabapentin as the patient is suffering from severe neuropathic pain due to myelopathy and seems to be getting some benefit. Therefore, the request for this medication is medically indicated.

Voltaren cream: Overturned

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.

Decision rationale: Per MTUS-Chronic Pain Medical Treatment Guidelines and ODG, Voltaren gel is FDA approved for the indication of osteoarthritis and tendonitis of the knee, elbow, and hand. It is not recommended as a first line treatment however it may be recommended after demonstrating failure of oral NSAIDS. According to FDA Medwatch post marketing surveillance of Voltaren Gel, there have been reports of adverse reactions including liver necrosis, jaundice, fulminant hepatitis without jaundice and liver failure. Some of these reported cases resulted in fatalities or liver transplantation. As there is documented benefit as well as intolerance to oral NSAIDS in the records, this medication is medically necessary with informed consent.

EMG/NCV of the upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Treatment in Workers Compensation Neck & Upper Back Procedure Summary last updated 08/04/2014

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG) Pain(Chronic), Electrodiagnostic Testing

Decision rationale: Per ODG treatment guidelines, electrodiagnostic testing is helpful in localizing the source of neurological symptoms and establishing the diagnosis of nerve entrapment such as radiculopathy. However, it is not necessary and redundant if clinically it is obvious that a radiculopathy is present. Furthermore, NCS/NCV is not recommended while EMG (needle not surface) may be beneficial in determining cervical and lumbar radiculopathy. Finally, there is no documentation in the medical records provided that supports or discusses the reason for this request. Therefore, EMG as well as NCV of the upper extremity as requested is not medically necessary.

Cervical MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182; Table 8-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Treatment in Workers Compensation Neck & Upper Back Procedure Summary last updated 08/04/2014 regarding MRI & CT (computed tomography)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ACOEM), version 3 disability guidelines Cervical and Thoracic Spine Disorders, page(s) Magnetic Resonance Imaging(MRI)

Decision rationale: Per ACOEM guidelines, MRI is considered the gold standard in diagnostic imaging for defining soft tissue anatomy due to its greater resolution. MRI is recommending assessing nerve root injury or spinal cord compression, if the patient is a candidate for surgery or radiation therapy, or if no contraindications to MRI existing. Unfortunately, there is no documentation in the medical records to explain the need for a repeat MRI. Therefore, the request for MRI of the cervical spine is not medically necessary.