

<b>Case Number:</b>	CM14-0180031		
<b>Date Assigned:</b>	11/04/2014	<b>Date of Injury:</b>	11/17/2010
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	10/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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 Physical Medicine and 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 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 patient is a 62 year old female with an injury date of 11/17/10. Based on the 09/10/14 progress report provided by [REDACTED], the patient complains of neck and upper extremity pain rated 8/10. She is status post right shoulder arthroscopic surgery on 08/13/14 by [REDACTED]. Physical examination to the cervical spine revealed moderate tenderness and pain bilaterally with decreased and painful range of motion on flexion and extension. MRI of the cervical spine is being requested for neck and upper extremity radicular pain. Treater states that MRI of the Cervical spine and EMG/NCS have been advised per QME report dated 03/01/13. Treater is requesting follow up with [REDACTED] for orthopedic and post op care. Patient medications include Celebrex, MS Contin, Norco and Ibuprofen. Operative Report 08/13/14 by [REDACTED] Preoperative Diagnoses:- Partial tear of the right rotator cuff with possible labral tear and some AC joint arthritis. Postoperative Diagnoses:- Rotator cuff tear, substantial partial thickness of the supraspinatus, small underside tear of the subscapularis.- Acromioclavicular joint degenerative arthritis with inferior impingement.- Tearing of the glenoid labrum at biceps origin. Procedures Performed:- Right shoulder arthroscopy with arthroscopic subacromial decompression and rotator cuff repair.- Arthroscopic resection of the right distal clavicle.- Arthroscopic debridement of the labrum and glenohumeral joint. Diagnosis 09/10/14- cervical radiculopathy- arthritis pain, shoulder- cervicalgia- chronic intractable pain- chronic shoulder pain- shoulder enthesopathy- hand pain- elbow pain. The utilization review determination being challenged is dated 10/01/14. The rationale follows: 1) Cervical Spine MRI (Magnetic Resonance Imaging): "history and documentation do not support the request..." 2) EMG (electromyography)/NCS (nerve conduction study): "no evidence of conservative care..." 3) Follow-up with [REDACTED]: "patient is improving, no evidence of additional surgery being

recommended or needed..."4) Dematran Topical 10% Ketamine, Baclofen 2%, 1% Bupivacaine, Flexeril 2%, Gabapentin 6% And Orphenadrine 5%: "Gabapentin: not recommended..." [REDACTED] is the requesting provider and he provided treatment reports from 06/16/13- 09/10/14.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Cervical Spine MRI (magnetic resonance imaging):** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177,178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) , Neck and Upper Back (Acute & Chronic) chapter, Magnetic resonance imaging (MRI)

**Decision rationale:** The patient is status post right arthroscopic surgery on 08/13/14 and presents with neck and upper extremity pain rated 8/10. The request is for cervical spine MRI (magnetic resonance imaging). Patient's diagnosis dated 09/10/14 included cervical radiculopathy and cervicgia. Physical examination to the cervical spine on 09/10/14 revealed moderate tenderness and pain bilaterally with decreased and painful range of motion on flexion and extension.ACOEM 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." ODG Guidelines, Neck and Upper Back (Acute & Chronic) chapter, Magnetic resonance imaging (MRI) do not support MRIs unless there are neurologic signs/symptoms present.MRI of the cervical spine is being requested for neck and upper extremity radicular pain. Per progress report dated 09/10/14, treater states that MRI of the Cervical spine and EMG/NCS have been advised per QME report dated 03/01/13. Based on medical records, MRI of the cervical spine has not been done previously. UR letter dated 10/01/14 states "history and documentation do not support the request..." However, the patient presents with radiating symptoms which is neurologic symptom supported by ODG guidelines. Treatment is medically necessary and appropriate.

**EMG (electromyography)/NCS (nerve conduction study):** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262.

**Decision rationale:** The patient is status post right arthroscopic surgery on 08/13/14 and presents with neck and upper extremity pain rated 8/10. The request is for EMG (electromyography)/NCS (nerve conduction study). Patient's diagnosis dated 09/10/14 included cervical radiculopathy, cervicgia, chronic shoulder pain, shoulder enthesopathy, hand and

elbow pain. Physical examination to the cervical spine on 09/10/14 revealed moderate tenderness and pain bilaterally with decreased and painful range of motion on flexion and extension. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." MRI of the cervical spine is being requested for neck and upper extremity radicular pain. Per progress report dated 09/10/14, treater states that MRI of the Cervical spine and EMG/NCS have been advised per QME report dated 03/01/13. Based on medical records, MRI of the cervical spine has not been done previously. UR letter dated 10/01/14 states "history and documentation do not support the request..." However, the patient presents with radiating symptoms which is neurologic symptom for which an MRI is supported by ODG guidelines after failure of conservative care. Treatment is medically necessary and appropriate.

**Follow-up with [REDACTED]:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127

**Decision rationale:** The patient is status post right arthroscopic surgery on 08/13/14 and presents with neck and upper extremity pain rated 8/10. The request is for follow-up with [REDACTED]. Patient's diagnosis dated 09/10/14 included cervical radiculopathy, cervicgia, chronic shoulder pain, shoulder enthesopathy, hand and elbow pain. Physical examination to the cervical spine on 09/10/14 revealed moderate tenderness and pain bilaterally with decreased and painful range of motion on flexion and extension. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Per progress report dated 09/10/14, treater is requesting follow up with [REDACTED], who performed arthroscopic surgery on 08/13/14, for orthopedic and post op care. It would appear that the current treater feels uncomfortable with the medical issues and has requested for transfer to specialist. Treatment is medically necessary and appropriate.

**Dematran topical 10% Ketamine, Baclofen 2%, 1% Bupivacaine, Flexeril 2%, Gabapentin 6% and Orphenadrine 5%:** 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.

**Decision rationale:** The patient is status post right arthroscopic surgery on 08/13/14 and presents with neck and upper extremity pain rated 8/10. The request is for Dematran Topical 10% Ketamine, Baclofen 2%, 1% Bupivacaine, Flexeril 2%, Gabapentin 6% And Orphenadrine 5%. Patient's diagnosis dated 09/10/14 included cervical radiculopathy, cervicalgia, chronic shoulder pain, shoulder enthesopathy, hand and elbow pain. Physical examination to the cervical spine on 09/10/14 revealed moderate tenderness and pain bilaterally with decreased and painful range of motion on flexion and extension. The MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal antiinflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. "The requested compounded cream contains Gabapentin and Flexeril, which are not indicated by guidelines. Treatment is not medically necessary and appropriate.