

Case Number:	CM14-0212821		
Date Assigned:	12/30/2014	Date of Injury:	03/21/2014
Decision Date:	02/27/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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: California
 Certification(s)/Specialty: Emergency Medicine

CLINICAL CASE SUMMARY

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

Patient with reported date of injury on 3/21/2014. Mechanism of injury is due to repetitive trauma and stress. Patient has a diagnosis of cervical radiculopathy and R shoulder arthropathy. Medical reports reviewed. Last report available until 10/28/14. Several of the most recent notes are hand written and not legible. Last legible note is from 10/31/14. Patient complains of neck pain and R shoulder pain. Pain 8/10. Pain worsening over time and is worsen with exertion or use. Patient also complains of insomnia, anxiety and stress. Objective exam revealed normal cervical spine exam with tenderness to sternocleidomastoid and trapezius. Range of motion (ROM) is mildly reduced. Strength and sensory exam was normal. Patient received the injections on 10/21/14 and 10/28/14 at cervical spine and shoulder. RFA was sent on 10/13/14 therefore injections were done prior to UR or approval. This review will not review the results of these injections since prospective information does not retrospectively change criteria used to determine medical necessity in the original request. MRI of cervical spine reportedly showed degenerative disc disease. Actual report was not provided for review. MRI of R shoulder dated 7/23/14 revealed supraspinatus full thickness tear, infraspinatus tendinosis, osteoarthritic changes and effusion. EMG/NCV dated 6/27/14 showed no radiculopathy and only showed signs of bilateral carpal tunnel syndrome. No medication list was provided for review. Patient appears to be on Naproxen, Cyclobenzaprine, Ultram and Omeprazole. Patient has undergone acupuncture, massage, exercise, TENS and chiro. Independent Medical Review is for "cervical epidural injection", "shoulder injection", Gabapentin/Amitriptyline/Dextromethorphan

15/10/15%, Cyclobenzaprine/Flurbiprofen 2/25%; "physical therapy" and "acupuncture".Prior Utilization Review on 12/18/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections(ESI) Page(s): 46.

Decision rationale: Review of progress notes states that is a request for Cervical Epidural Steroid Injection at C3-4. As per MTUS Chronic Pain Guidelines, Epidural Steroid Injections(ESI) may be useful in radicular pain and may recommended if it meets criteria. 1)Goal of ESI: ESI has no long term benefit. It can decrease pain in short term to allow for increasingly active therapy or to avoid surgery. The documentation fails to provide rationale for ESI except for short term pain control. There is no long term plan. Fails criteria.2)Unresponsive to conservative treatment. There is documentation of some prior conservative therapy attempts. Pt has only been noted to have undergone unknown number of physical therapy, chiro and acupuncture with unknown response. There is no noted home exercise program and no other conservative measures include 1st line medications for claimed radicular pain has been attempted. Fails criteria.3)Patient fails MTUS criteria for diagnosis of radiculopathy. There is no neurological findings and recent EMG/NCV does not support radiculopathy. Fails criteria.Patient fails multiple criteria for cervical epidural steroid injection. Cervical epidural steroid injection is not medically necessary.

Shoulder Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Nerve Blocks.

Decision rationale: Review of progress notes clarify this request as a supra scapular nerve block. MTUS Chronic pain and ACOEM Guidelines do have any sections that relate to this topic. ACOEM guidelines only has some general guidelines concerning this issue. As per Official Disability Guidelines nerve blocks are indicated in patients with chronic shoulder pains after failure of conservative care. It is shown to be safe and effective. However, this provider has failed to document any proper failure of conservative care or treatment for the shoulder. There has not been a documented trial of physical therapy directed at the shoulder or response to it. Shoulder block is not medically necessary.

Gabapentin 15%, Amitriptyline 10%, Dextromethorphan 10%: 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: As per MTUS guidelines "Any compound product that contains a drug or drug class that is not recommended is not recommended." 1) Gabapentin: Not FDA approved for topical application. No evidence to support topical use. Not medically recommended. 2) Dextromethorphan: There is no evidence to support the use of topical dextromethorphan. It is not FDA approved for topical application. As per MTUS guidelines, only FDA approved products are recommended. 3) Amitriptyline: As per MTUS guideline, there is no evidence to support the use of a topical antidepressant. It is not FDA approved for topical application. As per MTUS guidelines, only FDA approved products are recommended. This non-evidence based compounded product is not medically necessary.

Cyclobenzaprine 2%, Flurbiprofen 25%: 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: As per MTUS guidelines "Any compound product that contains a drug or drug class that is not recommended is not recommended." 1) Flurbiprofen: Topical NSAIDs are shown to be superior to placebo. It should not be used long term. It may be useful. Flurbiprofen is not FDA approved for topical application. There is no justification by the provider as to why the patient requires a non-FDA approved compounded NSAID when there are multiple other approved products including over the counter medications on the market. Flurbiprofen is not medically necessary. 2) Cyclobenzaprine is not FDA approved for topical use. It is not recommended. There is no evidence for efficacy as a topical product. This non-evidence based compounded product is not medically necessary.

Physical Therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: As per MTUS Chronic pain guidelines physical therapy is recommended for many situations with evidence showing improvement in function and pain. Guidelines also recommend only up to 10 PT sessions for the diagnosis listed. Patient has already completed unknown number of prior sessions. The provider requested an additional sessions but total number and location was not provided. The provider has failed to provide any rationale or reasoning for additional sessions. There is no documentation as to why the patient cannot perform home exercise program or why additional sessions is necessary. This is also an incomplete request. Additional Physical Therapy is not medically necessary.

Acupuncture: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: As per MTUS Acupuncture Guidelines, additional acupuncture may be requested if there is documentation of efficacy. The provider has failed to document any improvement and has failed to properly request the number of sessions or location where this treatment was suppose to be used. This incomplete and inappropriate request for acupuncture is not medically necessary.