

Case Number:	CM15-0122324		
Date Assigned:	07/06/2015	Date of Injury:	01/17/2014
Decision Date:	07/31/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	06/24/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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:

The injured worker is a 51 year old female who sustained an industrial injury on 1/17/14 over a period of time and included both hands, wrists, neck and back. She currently complains of cervical spine pain radiating to the trapezius muscles and bilateral shoulders with pain level of 6/10; lumbar spine pain radiating to bilateral lower extremities (7/10); bilateral wrist pain (3/10). On physical exam of bilateral wrists there was tenderness about the carpal canal bilaterally. Her activities of daily living are limited due to pain in the areas of household chores, cooking, sleeping. Medications are helpful. Medications are Tramadol, naproxen, Prilosec, flurbiprofen cream. Diagnoses include cervical cervicothoracic sprain/ strain; bilateral carpal tunnel syndrome, per electromyography/ nerve conduction study (3/10/14); bilateral hand pain; bilateral sciatica; gastritis due to medications; anxiety; depression; sleep disturbance; cervical and lumbar sprain/ strain, (x-rays 2/11/14). Treatments to date include medications; pain management; injections to cervical and lumbar spine, offering temporary relief of pain; physical therapy 18 sessions); chiropractic therapy (18 sessions); acupuncture (24 sessions). All above mentioned treatments offered mild relief. In the progress note dated 5/27/15 the treating provider's plan of care includes request for MRI of the cervical spine to rule out herniated nucleus pulposus; flurbiprofen cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical spine: Upheld

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

MAXIMUS 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) Neck section, MRI cervical spine.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, MRI cervical spine is not medically necessary. ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients not respond to treatment and who would consider surgery an option. Patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness with no neurologic findings do not need imaging. Patients who do not fall into this category should have a three view cervical radiographic series followed by a computer tomography (CT). The indications for imaging are enumerated in the Official Disability Guidelines. Indications include, but are not limited to, chronic neck pain (after three months conservative treatment), radiographs normal neurologic signs or symptoms present; neck pain with radiculopathy if severe or progressive neurologic deficit; etc. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). The criteria for ordering an MRI of the cervical spine include the emergence of a red flag, physiologic evidence of tissue insult when nerve impairment, failure to progress in a strengthening program intended to avoid surgery and clarification of anatomy prior to surgery. In this case, the injured worker's working diagnoses are cervical spine sprain strain; bilateral carpal tunnel syndrome; bilateral hand pain, sprain strain; lumbosacral sprain strain with bilateral sciatica. Subjectively, the injured worker has neck pain 6/10 that radiates to the trapezius and bilateral shoulders. The injured worker received 18 sessions of acupuncture for anxiety and depression. The injured worker received 18 chiropractic treatments and 18 physical therapy sessions. Objectively, gait was normal. There was tenderness palpation over the paraspinal cervical musculature. Motor examination was normal 5/5. The sensory examination check the box section was not circled or checked. There were no sensory abnormalities noted. There is no objective evidence of radiculopathy on physical examination. An EMG cervical, upper extremities March 10, 2014 was negative. There were no unequivocal objective findings that identify specific compromise on the neurologic examination. Consequently, absent clinical documentation with objective evidence of radiculopathy (upper extremities) and unequivocal objective findings that identifies specific nerve compromise, MRI cervical spine is not medically necessary.

Flurbiprofen cream with one (1) refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flurbiprofen cream with 1 refills is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen is not FDA approved for topical use. In this case, the injured worker's working diagnoses are cervical spine sprain strain; bilateral carpal tunnel syndrome; bilateral hand pain, sprain strain; lumbosacral sprain strain with bilateral sciatica. Subjectively, the injured worker has neck pain 6/10 that radiates to the trapezius and bilateral shoulders. The injured worker received 18 sessions of acupuncture for anxiety and depression. The injured worker received 18 chiropractic treatments and 18 physical therapy sessions. Objectively, gait was normal. There was tenderness palpation over the paraspinal cervical musculature. Motor examination was normal 5/5. The sensory examination (check the box section) was not circled or checked. There were no sensory abnormalities noted. There is no objective evidence of radiculopathy on physical examination. Flurbiprofen is not FDA approved for topical use. Any compounded product that contains at least one drug (Flurbiprofen) that is not recommended is not recommended. There was no documentation of first-line treatment failure with antidepressants and anticonvulsants. Consequently, Flurbiprofen cream with 2 refills is not recommended. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Flurbiprofen cream with 1 refills is not medically necessary.