

Case Number:	CM15-0129441		
Date Assigned:	07/16/2015	Date of Injury:	02/14/1998
Decision Date:	08/11/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/06/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 male who sustained an industrial injury on 02/14/1998. The injured worker was diagnosed with cervical osteophytes, obstructive dysphagia secondary to anterior hardware and lumbar discopathy. The injured worker is status post an anterior cervical fusion in 2003 and cervical discectomy and fusion with removal of hardware (no date documented). Treatment to date has included diagnostic testing, surgical intervention, physical therapy, lumbar and cervical spine epidural steroid injections, extracorporeal shockwave therapy and medications. According to the primary treating physician's progress report on March 17, 2015, the injured worker continues to experience neck pain, pins and needles sensation and headaches. The injured worker rates his neck pain level at 8-9/10, left arm pain and headaches at 6-7/10. The injured worker also reports painful and difficulty swallowing. Examination of the cervical spine revealed right greater than left paracervical tenderness with painful range of motion and swallowing upon chin-to chest flexion. Flexion was reduced to 15 degrees, extension 20 degrees and bilateral rotation at 25 degrees. Head compression test was positive. Spurling's was positive on the right side. There was mild decreased C5 and C6 sensation to the upper trapezius and shoulder area with painful overhead reach. Current medications are listed as Gabapentin, Tylenol #3 and Excedrin. Treatment plan consists of Electromyography (EMG)/Nerve Conduction Velocity (NCV) studies of the bilateral upper extremities, follow-up with orthopedist, recommendation for an anterior cervical discectomy and fusion at C3-4 with instrumentation and the current request for a cervical spine magnetic resonance imaging (MRI), Gabapentin and Flurbiprofen 10%/Diclofenac 10%/Gabapentin 10%/Lidocaine 5% cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI scan of the cervical spine: Overturned

Claims Administrator 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, Neck and Upper Back, Magnetic resonance imaging.

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- Magnetic resonance imaging (MRI).

Decision rationale: MRI scan of the cervical spine is medically necessary per the MTUS and the ODG Guidelines. The MTUS states that for most patients special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. Criteria for ordering imaging studies are: emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, or failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. The ODG states that an MRI can be ordered if there is progressive neurologic deficit, red flags, suspected ligamentous injury and in the setting of red flag findings. The ODG states that an MRI can be ordered with progressive neurologic deficits and radiographs revealing spondylosis, equivocal or positive findings, or trauma or if the patient has chronic neck pain and the radiographs reveal disc margin destruction. The documentation indicates that the patient had CT scan and x-rays of the cervical spine in February and May of 2015, however the documentation does reveal a change in physical exam findings from prior physical exam findings in October 2014 with decreased sensory changes on physical exam in addition to his already present mild shoulder weakness. Furthermore, there is a plan for surgery and the guidelines support clarification of anatomy prior to an invasive procedure therefore this request is medically necessary.

Gabapentin 60mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-19.

Decision rationale: Gabapentin 60mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that after initiation of anti-epileptics such as Gabapentin treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The documentation indicates that the patient has been on Gabapentin without any significant objective evidence of functional improvement or significant pain relief. Therefore the request for continued Gabapentin is not medically necessary.

Flurbiprofen 10%/Diclofenac 10%/Gabapentin 10%/Lidocaine 5% cream 180g: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Compounded medications, Topical NSAIDs, Gabapentin, Lidocaine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: Flurbiprofen 10%/Diclofenac 10%/Gabapentin 10%/Lidocaine 5% cream 180g is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that topical analgesics are largely experimental. The guidelines state that topical NSAIDs are indicated in osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The guidelines additionally add that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines state that topical Gabapentin is not supported as there is no evidence to support its use topically. Lidocaine in cream, ointment, or gel form is not recommended for chronic pain by the MTUS. The documentation does not reveal extenuating circumstances which necessitate going against MTUS guidelines and using this cream therefore the request is not medically necessary.