

Case Number:	CM15-0129922		
Date Assigned:	07/16/2015	Date of Injury:	04/01/2004
Decision Date:	09/09/2015	UR Denial Date:	06/30/2015
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: 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 57-year-old female, with a reported date of injury of 04/01/2004. The mechanism of injury was the picking up of a mattress to tuck in a sheet. The injured worker's symptoms at the time of the injury included a pull on the left side of her neck and her left arm. The next day she was unable to turn her head. The diagnoses include chronic pain status post cervical laminectomy, cervical myofascial strain, cervical degenerative disc disease, cervical stenosis, neck pain, and cervical radiculitis. Treatments and evaluation to date have included physical therapy, oral medications, topical pain medication, ten acupuncture sessions, three chiropractic therapy sessions, heating packs, an epidural, and trigger point injections. The medical records did not include the diagnostic study reports. According to the medical report dated 12/05/2014, the injured worker had electrodiagnostic studies of the bilateral upper extremities on 11/02/2010 which showed evidence of moderate bilateral carpal tunnel syndrome and no evidence of mild bilateral ulnar sensory neuropathy at the wrists; an MRI of the cervical spine on 11/19/2010 which showed degenerative disc disease with retrolisthesis, canal stenosis, and neural foraminal narrowing. The progress report dated 06/24/2015 indicates that the injured worker complained of neck and bilateral arm pain. She reported that her symptoms have remained relatively unchanged since her last visit. The injured worker continued to report a stabbing pain in her right shoulder, and stabbing pain and burning sensation in her neck, with extension into her bilateral upper extremity. She rated her pain 5 out of 10. The injured worker also reported numbness and tingling in her bilateral hands and all fingers. She had increased pain with daily activities, and stated that the medications were helping to reduce her symptoms

and help her function. The physical examination showed normal muscle strength, left trapezius and left levator scapulae with noted twitch responses in multiple trigger points, tenderness to palpation of the left trapezius and left levator scapulae, limited right cervical rotation and flexion, significant improvement in range of motion since previous visit, and positive bilateral cervical facet loading. The injured worker's work status was not indicated. The treating physician requested a C5-6 transforaminal epidural steroid injection and CM3-Ketaprofen cream 20%. The epidural steroid injection was requested for worsening cervical radiculopathy as the injured worker has been trying conservative treatment without improvement and actual worsening symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-C6 transforaminal epidural steroid injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck chapter, Epidural steroid injections (ESIs).

Decision rationale: The CA MTUS ACOEM Guidelines indicate that invasive techniques, for example, injection procedures, such as corticosteroids have no proven benefit in treating acute neck and upper back symptoms. The guidelines also indicate that cervical epidural corticosteroid injections are of uncertain benefit and should be reserved for patients who would undergo open surgical procedures for nerve root compromise. The non-MTUS Official Disability Guidelines indicate that epidural steroid injections are "not recommended based on recent evidence, given the serious risks of this procedure in the cervical region, and the lack of quality evidence for sustained benefit. These had been recommended as an option for treatment of radicular pain..." The request does not meet guideline recommendations. Therefore, the request for cervical transforaminal epidural steroid injection is not medically necessary.

Compound CM3, Ketoprofen cream 20%: Upheld

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

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

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that topical analgesics are "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." They are "largely experimental in use with few randomized controlled trials to determine effectiveness or safety." The injured worker had been taking Gabapentin, which is an anticonvulsant; however, there is no indication that the treatment had failed. Ketoprofen is a non-

steroidal anti-inflammatory drug (NSAID). The MTUS indicates that topical NSAIDs may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Note that topical Ketoprofen is not FDA approved for topical application. Non-FDA approved medications are not medically necessary. The only FDA-approved topical NSAIDs are diclofenac formulations. All other topical NSAIDs are not FDA approved. The guidelines indicate that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Therefore, the request for CM3-Ketaprofen cream is not medically necessary.