MAXIMUS Federal Services

Case Number:	CM15-0167494		
Date Assigned:	09/23/2015	Date of Injury:	09/06/2007
Decision Date:	11/10/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/25/2015

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: Anesthesiology

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 34 year old female, who sustained an industrial injury on 9-6-07. Current diagnoses include cervical facet arthropathy, cervical myofascial strain, cervical radiculitis, cervicalgia and lumbago. Her work status is permanent and stationary. A report dated 7-7-15 reveals the injured worker presented with complaints of increased neck pain, which increases her headaches. She reports the headaches (migraines) produce light sensitivity. Her neck pain is described as stabbing, cramping and numbness in the center of her neck and is rated at 8 out of 10, and is accompanied by radiating, stabbing and burning pain across her shoulders and upper back. There is grinding in her neck when she turns her head from side to side, she also experiences increased neck pain from bending forward and prolonged sitting. There is a radiating, stabbing pain that goes up to her neck when her arm is touched (right greater than left). She experiences weakness in her bilateral upper extremities, which causes her to drop items, and increased shoulder pain when reaching overhead. She reports continue numbness and tingling in her middle, ring and small fingers on her right hand. She also reports continued low back pain that radiates to her hips and lower extremity. Lastly, she reports her ability to engage in activities of daily living are limited due to the numbness in her fingers and neck pain. A physical examination dated 7-7-15 revealed decreased sensation at C7-C8 dermatomes and left C6 dermatome to light touch, "hypertonicity with a twitch response at the bilateral C2-C6 bilaterally and bilateral trapezii" as well as tender to palpation in both areas. There is decreased cervical range of motion; however, "there is slight improvement" noted from last examination. Her medication regimen has included; Tramadol-APAP 37.5-325 mg (does not provide pain relief), Ketoprofen cream for minimum of 5 months (provides significant relief

and reduces neck inflammation) Ibuprofen-over the counter, Flector patch (insurance denied), per note dated 7-7- 15, Norco (discontinued), APAP-Codeine 300-30 mg for a minimum of 5 months (provided minimal relied), per note dated 6-10-15, Zanaflex (discontinued due to allergic reaction, Neurontin (discontinued due to sedation, tremors and weight gain), Topiramate and Baclofen. She reports she "got stuck" while engaging in home exercises. Radio frequency ablation provided her 60-70% relief for 3-4 months, per note dated 7-7-15. Medial branch blocks (x2), physical therapy (24 sessions) provided minimal relief; heat pads provided some relief, acupuncture provided moderate relief and chiropractic care (approximately 10 sessions) provided excellent relief, per note dated 7-7-15. Diagnostic studies to date have included MRI (2012) and a urine toxicology screen is consistent. Requests for authorization dated 8-10-15 for a rhizotomy left C4-C5, C5-C6 and C6-C7 (x1) is non-certified due to lack of objective evidence of significant functional improvement from previous rhizotomy, APAP-Codeine (Tylenol #3) 300-30 mg #120 (date of service 7-7-15) is non-certified due to lack of documentation supporting the request, CM3-Ketoprofen 25% (dated of service 7-7-15) is non-certified as the compound is not FDA approved for topical application and chiropractic treatment (1 x per week for 8 weeks) for the cervical spine is non-certified due to lack of objective evidence of functional improvement from previous treatment, per Utilization Review letter dated 8-17-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rhizomtomy left C4-C5, C5-C6, and C6-C7, one time: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Facet joint therapeutic steroid injections.

Decision rationale: The CA MTUS does not address this topic. According to the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, ODG was used instead. The ODG states that medial branch blocks are generally considered as diagnostic blocks. While not recommended, criteria for use of medial branch blocks are as follows: there should be no evidence of radicular pain, spinal stenosis, or previous fusion; if the medial branch block is positive, the recommendation is subsequent neurotomy; there should be evidence of a formal plan of rehabilitation in addition to facet joint injection therapy. A neurotomy should not be repeated unless the duration of relief from the first procedure is documented for at least 12 weeks greater than 50% relief. In this case, the patient underwent a previous radiofrequency ablation/rhizotomy at the left C4-5, C5-6 and C6-7 medical branch nerves on April 16.2014 without significant relief. Medical necessity for the requested procedure has not been established. The requested procedure is not medically necessary.

Retrospective request for APAP-Codeine (Tylenol #3) 300-30mg #120, dispensed on 7-7-15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: Tylenol with Codeine (Tylenol #3) is a short-acting opioid analgesic. It is recommended as an option for mild to moderate pain. Codeine is a schedule C-II controlled substance, but codeine with acetaminophen is a C-III controlled substance. It is similar to morphine. Sixty (60) mg of codeine is similar in potency to 600 mg of acetaminophen. It is widely used as a cough suppressant. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. The CA MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment." There were no functional improvements noted with the use of the medication. Medical necessity of the requested medication was not established. Of note, discontinuation of an opioid analgesic should have included a taper, to avoid withdrawal symptoms. The requested medication was not medically necessary.

Retrospective request for CM3-Ketoprofen 20%, dispensed on 7-7-15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, local anesthetics or antidepressants. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, there is no documentation of intolerance to other previous oral medications. Ketoprofen is not currently FDA approved for a topical application, and has an extremely high incidence of photo-contact dermatitis. Medical necessity for the requested topical Ketoprofen cream was not established. The requested topical cream was not medically necessary.

Chiropractic treatment 1 time per week for 8 weeks for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Manual Therapy.

Decision rationale: According to MTUS, Manual Therapy or Chiropractic therapy, is recommended for chronic pain if it is caused by musculoskeletal conditions. The intended goal or effect is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. The ODG states that cervical manipulation may be a treatment option for patients with occupationally related neck pain or cervicogenic headache. The ODG recommends up to 18 total chiropractic and massage visits over 6-8 weeks for cervical and thoracic injuries with evidence of functional improvement after a 6 visit initial trial. In this case, there is documentation of previous chiropractic visits however, there is no documentation of objective functional improvement, reduction of pain score, or a decrease in medication usage. Medical necessity for the requested additional chiropractic sessions (1 time per week x 8 weeks) of the cervical spine has not been established. The requested services are not medically necessary.