MAXIMUS Federal Services

Case Number:	CM15-0170978		
Date Assigned:	09/18/2015	Date of Injury:	10/29/2009
Decision Date:	11/10/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/31/2015

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
Certification(s)/Specialty: Preventive Medicine, Occupational 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 October 29, 2009. The injured worker was diagnosed as having cervical sprain, cervicalgia, right carpal tunnel syndrome, spasm of the muscle, and long term use of medication. Treatment and diagnostic studies to date has included use of neck traction unit, home exercise program, magnetic resonance imaging of the cervical spine, and medication regimen. In a progress note dated July 08, 2015 the treating physician reports complaints of persistent pain to the neck that radiates to the bilateral shoulders with the right worse than the left, and complaints of right carpal tunnel symptoms. Examination performed on July 08, 2015 was remarkable for bilateral tenderness to the cervical and trapezius muscles, trigger points to the bilateral trapezius and occipital muscles, decreased range of motion to the cervical spine, and decreased sensation to the bilateral hands and at the cervical six to seven distribution to the right. The injured worker's current medication regimen on July 08, 2015 included Fenoprofen, Hydrocodone, Narcosoft, Prilosec, Theramine, and Sentra AM and PM. On July 08, 2015 the injured worker's pain level was rated a 7 out of 10 and noted that the injured worker's pain level was rated a 5 out of 10 with the use of her medication regimen. The progress note from July 08, 2015 noted that the injured worker was able to work and perform activities of daily living with the use of her medication regimen. On July 08, 2015 the treating physician noted magnetic resonance imaging of the cervical spine performed on December 31, 2013 that was revealing for cervical four to five osteophyte formation with narrowing of the subarachnoid space and disc protrusions. The treating physician also noted magnetic resonance imaging of the cervical spine from November

07, 2011 that was revealing for disc bulge at cervical five to six with "mild" left neuroforaminal narrowing and cervical six to seven bilateral neuroforaminal narrowing with the left greater than the left. On July 08, 2015 the treating physician requested Tramadol ER 150mg with a quantity of 240 to decrease pain allowing the injured worker to use less of the narcotic medication; a surgical consultation for evaluation of the cervical spine for surgery; electromyogram of the bilateral upper extremities secondary to radicular symptoms to the bilateral upper extremities; cervical discogram at cervical five to six and cervical six to seven noting recommendation of procedure by the Qualified Medical Evaluator; Theramine with a quantity of 90 to assist the absorption of the non-steroidal anti-inflammatory medication; Sentra AM with a quantity of 60 and Sentra PM with a quantity of 60 to increase the injured worker's energy; and Flurbiprofen Cream Trial to be used topically to avoid taking oral "more" non-steroidal anti-inflammatories. On July 08, 2015 the treating physician also requested magnetic resonance imaging of the cervical spine, but the documentation did not indicate the specific reason for the requested study. On August 13, 2015 the Utilization Review determined the request for Tramadol ER 150mg with a quantity of 240 to be modified. On August 13, 2015the Utilization Review denied the requests for surgical consultation for evaluation for cervical spine, electromyogram of the bilateral upper extremities, magnetic resonance imaging of the cervical spine, cervical discogram at cervical five to six and cervical six to seven, Theramine with a quantity of 90, Sentra AM with a quantity of 60, Sentra PM with a quantity of 60, and Flurbiprofen Cream Trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgical consultation for evaluation for cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: According to available documentation the patient does not meet the criteria for a surgical consultation. The patient has not failed conservative treatment and there is no evidence of progressive and significant neurologic symptomology involving the cervical spine. Therefore, the request for surgical consultation for evaluation for cervical spine is recommended non-certified. Surgical consultation for evaluation for cervical spine is not medically necessary.

EMG of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper 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) Neck and Upper Back (Acute & Chronic), Electromyography (EMG).

Decision rationale: Recommended (needle, not surface) as an option in selected cases. EMG findings may not be predictive of surgical outcome in cervical surgery, and patients may still benefit from surgery even in the absence of EMG findings of nerve root impingement. While cervical electrodiagnostic studies are not necessary to demonstrate a cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality or some problem other than a cervical radiculopathy, but these studies can result in unnecessary over treatment. This patient has a history of radiculopathy. EMG of the bilateral upper extremities is not medically necessary.

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The MTUS states that an MRI or CT is recommended to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. In addition, the ACOEM Guidelines state the following criteria for ordering imaging studies: 1. Emergence of a red flag, 2. Physiologic evidence of tissue insult or neurologic dysfunction, 3. Failure to progress in a strengthening program intended to avoid surgery, 4. Clarification of the anatomy prior to an invasive procedure. There is no documentation of any of the above criteria supporting a recommendation of a cervical MRI.MRI of the cervical spine is not medically necessary.

Cervical discogram at C5-6 and C6-7: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The MTUS states that recent studies on discography do not support its use as a preoperative indication for either intradiskal electrothermal (IDET) annuloplasty or fusion. Discography does not identify the symptomatic high-intensity zone, and concordance of symptoms with the disk injected is of limited diagnostic value (common in non-back issue patients, inaccurate if chronic or abnormal psychosocial tests), and it can produce significant symptoms in controls more than a year later. Cervical discogram at C5-6 and C6-7 is not medically necessary.

Tramadol ER 150mg #240: 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 rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. The medical records do not indicate the need for medications other than first line mediation. There is no mention of failure of first-line analgesics. MTUS guidelines do not support use of Tramadol unless other treatments have not been effective or not tolerated. Tramadol ER 150mg #240 is not medically necessary.

Theramine #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Medical food.

Decision rationale: Theramine is a Food and Drug Administration regulated medical food designed to address the increased nutritional requirements associated with chronic pain syndromes and low back pain. Theramine is thought to promote the production of the neurotransmitters that help manage and improve the sensory response to pain and inflammation. Medical food is defined in section 5(b) of the Orphan Drug Act (21 U.s.c.360ee (b) (3)) as a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. Medical foods do not have to be registered with the FDA and as such are not typically subject to the rigorous scrutiny necessary to allow recommendation by evidence-based guidelines. Theramine #90 is not medically necessary.

Sentra AM #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Medical food.

Decision rationale: Sentra is a medical food. Medical food is defined in section 5(b) of the Orphan Drug Act (21 U.s.c.360ee (b) (3)) as a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation.

Medical foods do not have to be registered with the FDA and as such are not typically subject to the rigorous scrutiny necessary to allow recommendation by evidence-based guidelines. Sentra AM #60 is not medically necessary.

Sentra PM #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Medical food.

Decision rationale: Sentra is a medical food. Medical food is defined in section 5(b) of the Orphan Drug Act (21 U.s.c.360ee (b) (3)) as a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. Medical foods do not have to be registered with the FDA and as such are not typically subject to the rigorous scrutiny necessary to allow recommendation by evidence-based guidelines. Sentra PM #60 is not medically necessary.

Flurbiprofen cream trial: 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 MTUS, there is little to no research to support the use of many of these Compounded Topical Analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen topical is not supported by the MTUS. Flurbiprofen cream trial is not medically necessary.