

Case Number:	CM15-0179831		
Date Assigned:	09/21/2015	Date of Injury:	03/19/2015
Decision Date:	11/18/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/14/2015

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: Tennessee, Florida, Ohio
 Certification(s)/Specialty: Surgery, Surgical Critical Care

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 40 year old male, who sustained an industrial injury on 3-19-15. He reported headache, neck pain, pleuritic chest pain radiating to the back, and bilateral flank pain. The injured worker was diagnosed as having sprain or strain of the cervical spine, sprain or strain of the lumbar spine, and head trauma with questionable loss of consciousness. Treatment to date has included medication. On 8-6-15 the treating physician noted Tylenol #3 was discontinued due to anxiety and Ketoprofen cream provided no relief. The treating physician also noted "Flexeril and Tylenol #3 give him anxiety but does alleviate his cramping." Tylenol #3 provided 25% pain relief for 10 minutes. On 7-9-15 and 8-6-15, pain was rated as 10 of 10. Physical examination findings included decreased cervical, thoracic, and lumbar ranges of motion. Sensation was normal in upper and lower extremities and 4+ of 5 strength was noted. Reflexes were normal in upper and lower extremities. The injured worker had been taking Tylenol #3 and using Ketoprofen cream since at least May 2015 and Flexeril since at least July 2015. Currently, the injured worker complains of neck and low back pain. Frequent headaches and blurred vision was also noted. On 8-7-15, the treating physician requested authorization for a neurology consultation, chiropractic treatment 2x4 for the cervical and lumbar spine, a MRI of the lumbar spine, a MRI of the cervical spine, Tylenol #3, Flexeril 7.5mg, and Ketoprofen cream. On 9-9-15 the requests were non-certified. Regarding a neurology consultation, the utilization review (UR) physician noted "in this case the August 6, 2015 report does not establish objective evidence of a neurological deficit to support the requested consultation." Regarding chiropractic treatment, the UR physician noted "it is unclear if the patient has completed the previously authorized chiropractic treatment." Regarding a MRI of the lumbar spine, the UR

physician noted "the patient has normal sensation in the lower extremities and there is no documentation of a motor strength deficit in the lower extremities." Regarding a MRI of the cervical spine, the UR physician noted "the records do not establish objective evidence of a red flag condition or a focal neurological deficit in regard to the cervical spine to support the requested advanced imaging procedure." Regarding Tylenol #3, the UR physician noted, "the records do not clearly establish consistent and significant improvement in the patient's pain level or any measurable functional improvement of change in work status specifically attributable to the previous use of Tylenol #3." Regarding Flexeril, the UR physician noted, "The records do not establish any objective functional improvement or a change in work status as result of the long-term use of Cyclobenzaprine." Regarding Ketoprofen cream, the UR physician noted, "according to the most recent report Ketoprofen cream has not been effective. It is unclear why the patient continues to be prescribed this medication."

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurology Consult: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Assessment, Follow-up Visits, Special Studies.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of a neurology consultation for this patient. The clinical records submitted do not support the fact that this patient has been documented to have recent neurological dysfunction requiring consultation. The California MTUS guidelines address the issue of consultants by stating: "If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps." This patient has not been documented to have any recent evidence of neurological dysfunction, including tissue insult or nerve impairment. Red flags are not present at the time of physical exam. Radiculopathy and imaging have also failed to demonstrate focal neurological deficit. Therefore, based on the submitted medical documentation, the request for Neurology consultation is not-medically necessary.

Chiropractic Therapy 2x/week x 4 weeks, Cervical and Lumbar 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 rationale: There is not sufficient clinical information provided to justify the medical necessity of this intervention for this patient. The California MTUS Guidelines state that

Chiropractic manipulation is recommended for the treatment of chronic pain that has acute flares or "requires therapeutic care." However, it is "not recommended for elective maintenance therapy." The medical records support that this patient has chronic pain, which has been authorized to receive chiropractic care in the past. However, the results of prior therapy, including if therapy was even completed, has not been documented within the medical record. Therefore, based on the submitted medical documentation, medical necessity for chiropractic therapy has not been established.

MRI of the Lumbar Spine: Upheld

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

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

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of a lower back (lumbar spine) MRI for this patient. The MTUS guidelines recommend that: "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery." In this patient's case, the patient's physical exam does not document any red flag symptoms (bowel/bladder incontinence, saddle anesthesia, fevers) or new neurologic deficits to warrant a lower back MRI study. The patient's complaints of pain are subjective and not in a radicular distribution. Therefore, based on the submitted medical documentation, the request for a MRI of the lumbar spine 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: There is not sufficient clinical information provided to justify the medical necessity of this imaging study for this patient. The California MTUS guidelines state regarding special studies of the Cervical spine, "Criteria for ordering imaging studies are: Emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure." The documentation provided does not suggest any significant change in symptoms. No new red flags are documented. No evidence of change in neurological dysfunction or tissue insult from the time of the patient's physical exam. Likewise, there is no

documentation of a planned, eminently invasive procedure. Therefore, based on the submitted medical documentation, the request for an MRI of the cervical spine is not-medically necessary.

Tylenol 3: 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, criteria for use.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommends that dosing "not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose." Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's pain (in terms of percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. Therefore, based on the submitted medical documentation, the request for Tylenol 3 is not-medically necessary.

Flexeril 7.5mg: 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): Muscle relaxants (for pain).

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. In accordance with the California MTUS guidelines, Cyclobenzaprine is a muscle relaxant and muscle relaxants are not recommended for the treatment of chronic pain. From the MTUS guidelines: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic back pain. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." This patient has been diagnosed with chronic back and neck pain of the cervical, lower and upper spine. Per MTUS, the use of a muscle relaxant is not indicated. Therefore, based on the submitted medical documentation, the request for Cyclobenzaprine is not-medically necessary.

Ketoprofen Cream: 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: There is not sufficient clinical information provided to justify the medical necessity of treatment of Ketoprofen ointment for this patient. The California MTUS guidelines address the topic of NSAID prescriptions by stating, "A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics." Furthermore, MTUS guidelines specifically state regarding topical Non-steroidal anti-inflammatory agents (NSAIDs): "The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but not afterward, or with a diminishing effect over another 2-week period." Compounded medications are not subject to FDA oversight for purity or efficacy. The medical records do not support that the patient has a contraindication to other non-opioid analgesics. Therefore, medical necessity for Ketoprofen ointment prescription has not been established.