

Case Number:	CM15-0065592		
Date Assigned:	04/13/2015	Date of Injury:	02/08/2007
Decision Date:	05/19/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/07/2015

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, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 55 year old male, who sustained an industrial injury on 2/08/2007. Diagnoses include cervical sprain/strain, right shoulder sprain/strain, myofascial syndrome, chronic pain related insomnia and neuropathic pain. Treatment to date has included diagnostics including EMG (electromyography)/NCV (nerve conduction studies) and magnetic resonance imaging (MRI), and medications. Per the Primary Treating Physician's Progress Report dated 3/05/2015, the injured worker reported neck pain radiating down the right arm into the forearm. On a scale of 0-10 the pain is rated as 6/10 on average, 8/10 without medication and 7/10 with medication. Physical examination of the cervical spine revealed range of motion globally decreased due to pain and there was point tenderness over the C5 and C6 spinous processes. The plan of care included diagnostic imaging and medications and authorization was requested for Percura #120, Ketamine ointment 5%, Cymbalta 30mg #30 and magnetic resonance imaging (MRI) of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percura 2 #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Percura, Medical Foods.

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

Decision rationale: Guidelines state that Percura is not recommended. It is a medical food intended for dietary management of pain and inflammation. There is no research that has suggested that Percura is efficacious and it is not indicated for use in pain treatments. The request for Percura is not medically appropriate and necessary.

Ketamine ointment 5%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical agents.

Decision rationale: Guidelines state that topical analgesics are largely experimental in use as few trials have been done to determine efficacy. Primarily indicated for neuropathic pain when trials of anti-depressants and anticonvulsants have failed. In this case, documentation is lacking which indicates that first line therapy has failed. The request for topical Ketamine is not medically appropriate and necessary.

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back Chapter, MRI (Magnetic Resonance Imaging).

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.

Decision rationale: Guidelines state that repeat MRI is not routinely recommended unless there is a significant change in symptoms and or findings suggestive of significant pathology. In this case, there are no red flags suggesting significant pathology. The request for MRI cervical spine is not medically appropriate and necessary.