

Case Number:	CM14-0140375		
Date Assigned:	09/10/2014	Date of Injury:	07/08/2013
Decision Date:	10/06/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/29/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in Arizona. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 36 year old male with a date of injury on 7/8/2013. Diagnoses are of cervical spine sprain, right shoulder supraspinatus and infraspinatus tendonitis, right carpal tunnel syndrome, and lumbar herniated disc with radiculopathy. Subjective complaints from 11/14/2013 are of neck, shoulder, low back, wrist, hand, hip, knee, and foot pain. Physical exam of the cervical and lumbar spine shows decreased range of motion, negative Spurling's test, and negative straight leg raise test. Reflexes were normal, and sensation was normal. Right shoulder exam showed no atrophy, normal strength, and decreased range of motion. Shoulder impingement signs were negative. Prior x-rays were negative. Request is for retrospective cervical/lumbar/shoulder MRI, functional capacity evaluation and medications. MRI exams were obtained on 11/20/2013. Records prior to these exams did not indicate conservative treatment or medications to address the patient's symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for MRI of the Cervical Spine DOS 11/20/2013: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) NECK, MRI

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) supports a cervical magnetic resonance imaging (MRI) for patients with red flag conditions, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, clarification of anatomy prior to procedure and definitive neurologic findings on physical examination, or electrodiagnostic studies. The Official Disability Guidelines (ODG) suggests MRI for chronic neck pain, radiographs normal, neurologic signs or symptoms present, or neck pain with radiculopathy if severe or progressive neurologic deficit. This patient's documentation did not suggest cervical neurologic signs, and did not show evidence of "red flag" conditions. Furthermore, prior conservative treatment was not recorded before the MRI was ordered. Therefore, the medical necessity of a cervical MRI was not established.

Retrospective request for MRI of the Lumbar spine. DOS 11/20/2013: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) LOW BACK, MRI

Decision rationale: American College of Occupational and Environmental Medicine (ACOEM) recommends magnetic resonance imaging (MRI) of lumbar spine when cauda equina, tumor, infection, or fractures are strongly suspected or if patient has had prior back surgery. The ODG recommends MRI exam for uncomplicated back pain with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. Also if there is suspicion for cancer, infection, or other "red flags". This patient did not show signs/symptoms suggestive of tumor, infection, fracture, or progressive neurologic deficit. Furthermore, prior conservative treatment was not recorded before the MRI was ordered. Therefore, the medical necessity for a lumbar MRI was not established.

Retrospective request for MRI of the right shoulder. DOS 11/20/2013: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209.

Decision rationale: American College of Occupational and Environmental Medicine (ACOEM) guidelines indicate that shoulder imaging may be considered when limitations have persisted longer than one month, when surgery is being considered for a specific defect, and to further

evaluate for serious pathology. For this patient, the records do not indicate prior treatment directed towards the shoulder, surgery is not being considered, and there is no evidence of a progressive serious pathology. Therefore, the medical necessity of a shoulder magnetic resonance imaging (MRI) was not established.

Retrospective request for Functional capacity evaluation. DOS 11/20/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulders - (Acute & Chronic), Functional capacity evaluation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) FITNESS FOR DUTY, FUNCTIONAL CAPACITY EVALUATION

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) recommends considering a functional capacity evaluation (FCE) to translate medical impairment into functional limitations and determine work capability. The importance of an assessment is to have a measure that can be used repeatedly over course of treatment to demonstrate improvement of function. Official Disability Guidelines (ODG) likewise recommends functional capacity evaluation as an objective resource for disability managers and is an invaluable tool in the return to work process. The ODG recommends considering an FCE if case management is hampered by complex issues such as: Prior unsuccessful return to work attempts. Conflicting medical reporting on precautions and/or fitness for modified job, or patient is close or at maximum medical improvement. For this patient, at the time of request for an FCE the patient was not near maximum medical improvement. Therefore, the medical necessity for a functional capacity exam was not established.

Retrospective request for Topical compound; Ketoprofen10%/ Cyclobenzaprine HCL 3%/ Lidocaine 3%. DOS 11/20/2013.: Upheld

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

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

Decision rationale: Chronic Pain Guidelines are clear that if the medication contains one drug that is not recommended the entire product should not be recommended. This product combines ketoprofen, lidocaine, and cyclobenzaprine. Guidelines do not recommend topical cyclobenzaprine as no peer-reviewed literature support their use. Furthermore, muscle relaxers in general show no benefit beyond NSAIDs in pain reduction. Lidocaine is only recommended as a dermal patch. No other commercially approved topical formulations of lidocaine are indicated. California Medical Treatment Utilization Schedule (MTUS) indicates that topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for

osteoarthritis, but with a diminishing effect over another 2-week period. CA MTUS also indicates that topical NSAIDS are not recommended for neuropathic pain as there is no evidence to support their use. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). Therefore, the medical necessity of this compounded medication was not established.

Retrospective request for Topical Compound; Flurbiprofen 10%/ Capsaicin 0.025%/ Menthol 2%/ Camphor 1%. DOS 11/20/2013: Upheld

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

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

Decision rationale: Chronic Pain Guidelines are clear that if the medication contains one drug that is not recommended the entire product should not be recommended. California Medical Treatment Utilization Schedule (MTUS) indicates that topical NSAIDS have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but with a diminishing effect over another 2-week period. California MTUS also indicates that topical NSAIDS are not recommended for neuropathic pain as there is no evidence to support their use. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). While capsaicin has some positive results in treating osteoarthritis, fibromyalgia and non-specific back pain, it has shown moderate to poor efficacy. The menthol component of this medication has no specific guidelines or recommendations for its indication or effectiveness. Therefore, the medical necessity of this compounded medication was not established.

Retrospective request for Naproxen 550mg #60. DOS 11/20/2013: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) recommends NSAIDS at the lowest effective dose in patients with moderate to severe pain. Furthermore, NSAIDS are recommended as an option for short-term symptomatic relief for back pain. For this patient, moderate pain is present in multiple anatomical locations, including the back. Therefore, the requested Naprosyn is medically necessary.