

<b>Case Number:</b>	CM15-0127897		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	03/12/2004
<b>Decision Date:</b>	10/02/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2015

### 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, Pennsylvania, Washington

Certification(s)/Specialty: Internal Medicine, Geriatric 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 56-year-old female, who sustained an industrial injury on 3/12/04. Initial complaints were not reviewed. The injured worker was diagnosed as having cervical spine strain/sprain; herniated cervical disc with radiculitis/radiculopathy; right shoulder sprain/strain; left shoulder internal derangement; bilateral hands sprain/strain; lumbar sprain/strain; herniated lumbar disc with radiculitis/radiculopathy; anxiety and depression; insomnia; gastritis. Treatment to date has included physical therapy; medications. Diagnostics studies included bilateral EMG/NCV study upper extremities (11/25/14; 3/11/15; 4/23/15); MRI cervical spine with Flex/Ext (6/13/15). Currently, the PR-2 notes dated 3/20/15 indicated the injured worker complains of left cervical, right cervical, left cervical dorsal, upper thoracic, right cervical dorsal, right posterior and anterior - shoulder, left posterior shoulder, right posterior arm, elbow, forearm wrist and hand. She complains of left and right mid and lower thoracic pain. Also complains of left posterior and anterior - shoulder, arm, elbow forearm, wrist and hand. She complains of bilateral lumbar, bilateral sacroiliac, bilateral buttock, bilateral posterior and anterior knee, bilateral calf, bilateral shine, bilateral ankle and foot pain. She rates the discomfort as 7/10 approximately 100% of the time. She notes bilateral upper and lower extremity numbness and tingling as identified above 100% of the time. She reports it is better with pain medications, physical therapy, topical compounds and rest. The injured worker has a preliminary drug screening on this date. An EMG/NCV study upper extremities dated 4/23/15 reveals evidence of moderate bilateral carpal tunnel syndrome affecting sensory and motor components. The study also reveals mild to moderate acute or chronic bilateral C6-C7 radiculopathy. There is another

EMG/NCV study of the upper extremities that notes borderline left carpal tunnel and no evidence of carpal tunnel syndrome in the right hand. The provider is requesting authorization of MRI of the right shoulder; MRI of the left shoulder; MRI of the lumbar spine; MRI of the cervical spine; internal medicine evaluation; Fexmid 7/5mg #120 and Ketoprofen/Cyclobenzaprine/Lidocaine 10/3%/5% in UL.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Internal medicine evaluation:** 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:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792. 20-9792.26 Page(s): 68-69.

**Decision rationale:** The injured worker is a 56-year-old female, who sustained an industrial injury on 3/12/04. There is no documented rationale as to why she requires an internal medicine consultation. There is no discussion of her medical comorbidities which include gastritis, insomnia or anxiety/depression or other medical issues which an internist might address. The medical necessity of an internal medicine consultation is not substantiated in the records.

**MRI of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-310.

**Decision rationale:** MRI can be useful to identify and define low back pathology in disc protrusion and spinal stenosis. However, the records do not document any red flags by history or on physical exam. In the absence of evidence of red flags, a MRI of the lumbar spine is not medically indicated. The medical necessity of a lumbar MRI is not substantiated in the records.

**MRI of the right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 195-224.

**Decision rationale:** The request in this injured worker with chronic pain is for a MRI of the right shoulder. The records do not document any red flags or indications for immediate referral or imaging. A MRI can help to identify anatomic defects such as a rotator cuff tear and may be utilized in preparation for an invasive procedure. In the absence of evidence of red flags, a MRI of the right shoulder is not medically indicated. The medical necessity of a shoulder MRI is not

substantiated in the records.

**MRI of the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 172. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-193.

**Decision rationale:** The request in this injured worker with chronic pain is for a MRI of the cervical spine. The records document chronic pain but no red flags or indications for immediate referral or imaging. A MRI can help to identify anatomic defects and neck pathology and may be utilized in preparation for an invasive procedure. In the absence of evidence of red flags, a MRI of the cervical spine is not medically indicated.

**Ketoprofen/Cyclobenzaprine/Lidocaine 10/3%/5% in UL:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792. 20 ? 9792. 26 Page(s): 111-112.

**Decision rationale:** Per the guidelines, topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder and there is no evidence to support its use in neuropathic pain. There is no documentation of efficacy with regards to pain and functional status or a discussion of side effects specifically related to the topical analgesic. Regarding topical Ketoprofen/Cyclobenzaprine/Lidocaine 10/3%/5% in UL in this injured worker, the records do not provide clinical evidence to support medical necessity.

**Fexmid 7.5mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792. 20-9792. 26 Page(s): 63-66.

**Decision rationale:** Per the guidelines, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit fails to document any improvement in pain, functional status or a discussion of side effects specifically related to the muscle relaxant to justify use. The medical necessity of fexmid is not substantiated in the records.

**MRI of the left shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 195-224.

**Decision rationale:** The request in this injured worker with chronic pain is for a MRI of the left shoulder. The records do not document any red flags or indications for immediate referral or imaging. A MRI can help to identify anatomic defects such as a rotator cuff tear and may be utilized in preparation for an invasive procedure. In the absence of evidence of red flags, a MRI of the left shoulder is not medically indicated. The medical necessity of a shoulder MRI is not substantiated in the records.