

Case Number:	CM13-0012428		
Date Assigned:	12/27/2013	Date of Injury:	07/08/1996
Decision Date:	05/30/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	08/12/2013

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 Physical Medicine & Rehabilitation has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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:

The injured worker reported an injury on 07/08/1996. The mechanism of injury was unclear from the documentation provided. The clinical notes dated 07/10/2013 noted the injured worker complained of neck and left shoulder pain, the pain was described as dull, achy, and stabbing in nature. The injured worker also complained of numbness and weakness to the arm. The injured worker has tried ice, NSAIDS, rest, heat application. The injured worker noted the pain shoots down neck and arm with numbness and tingling, which he rated at 7/10 pain. The documentation provided noted NCV/EMG shows radiculopathy at C7. The physical exam noted asymmetry of the neck and shoulder, cervical spine range of motion is restricted in forward flexion, in backward extension both at 45 degrees. Upper extremity sensation to light touch is diminished over the C5 dermatome, over the C6 dermatome, over the C7 dermatome. The provider recommended cervical epidural steroid injection at C6-7 with epidurography and anesthesia, the request for authorization was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

THE REQUEST FOR A CERVICAL EPIDURAL STEROID INJECTION AT C6-7 WITH EPIDUROGRAPHY AND ANESTHESIA: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

Decision rationale: The injured worker complained of neck and left shoulder pain, the pain was described as dull, achy, and stabbing in nature. The injured worker also complained of numbness and weakness to the arm. The injured worker has tried ice, NSAIDS, rest, heat application. The injured worker noted the pain shoots down neck and arm with numbness and tingling, which he rated at 7/10 pain. The documentation provided noted NCV/EMG shows radiculopathy at C7. The California MTUS guidelines noted radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. Initially unresponsive to conservative treatment exercises, physical methods, NSAIDs and muscle relaxants. The provider documented radiculopathy on the clinical note; however, there was a lack in documentation for failure of physical therapy. Therefore, the request for a cervical epidural steroid injection at C6-7 with epidurography and anesthesia is not medically necessary and appropriate.

THE REQUEST FOR PRILOSEC 20MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI Symptom's and cardiovascular risk Page(s): 68-69.

Decision rationale: The injured worker complained of neck and left shoulder pain, the pain was described as dull, achy, and stabbing in nature. The injured worker also complained of numbness and weakness to the arm. The injured worker has tried ice, NSAIDS, rest, heat application. The injured worker noted the pain shoots down neck and arm with numbness and tingling, which he rated at 7/10 pain. The California guidelines recommend this medication for patients who are at risk for a gastrointestinal event secondary to NSAID therapy. There was a lack of documentation stating the injured worker was at risk for a gastrointestinal bleed due to NSAID therapy. Therefore, the request for Prilosec 20mg #30 is not medically necessary and appropriate.

THE REQUEST FOR VICODIN ES 750/7.5MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: The injured worker complained of neck and left shoulder pain, the pain was described as dull, achy, and stabbing in nature. The injured worker also complained of numbness and weakness to the arm. The injured worker has tried ice, NSAIDS, rest, heat application. The injured worker noted the pain shoots down neck and arm with numbness and tingling, which he rated at 7/10 pain. The California guidelines recommend on-going review and documentation of

pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. There is a lack of documentation noting the effect of the medication to include how long the injured worker had relief. There is also a lack of documentation of a urine drug screen. Given the clinical information submitted, the request for Vicodin ES 750/7.5mg #120 is not medically necessary and appropriate.

THE REQUEST FOR SOMA 350MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisprodol (Soma) Page(s): 29.

Decision rationale: The injured worker complained of neck and left shoulder pain, the pain was described as dull, achy, and stabbing in nature. The injured worker also complained of numbness and weakness to the arm. The injured worker has tried ice, NSAIDS, rest, heat application. The injured worker noted the pain shoots down neck and arm with numbness and tingling, which he rated at 7/10 pain. The California guidelines do not recommend this medication. Soma is not indicated for long-term use. Abuse has been noted for sedative and relaxant effects. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety, the provider did not document the need for the injured worker to be sedated or a diagnosis of anxiety, the guidelines also do not recommend the use of this medication. Therefore, the request for Soma 350 mg #120 is not medically necessary and appropriate.

THE REQUEST FOR MOTRIN 800MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 72.

Decision rationale: The injured worker complained of neck and left shoulder pain, the pain was described as dull, achy, and stabbing in nature. The injured worker also complained of numbness and weakness to the arm. The injured worker has tried ice, NSAIDS, rest, heat application. The injured worker noted the pain shoots down neck and arm with numbness and tingling, which he rated at 7/10 pain. The California MTUS guidelines recommend this medication in patients with osteoarthritis and mild to moderate pain. The guidelines also note doses greater than 400 mg have not provided greater relief of pain. Higher doses are generally recommended for rheumatoid arthritis: 400-800 mg PO 3-4 times a day, use the lowest effective dose. There is a lack of

clinical documentations supporting the use of this medication and the efficacy. Therefore, the request for Motrin 800 mg # 90 is not medically necessary and appropriate.