

Case Number:	CM13-0016089		
Date Assigned:	10/11/2013	Date of Injury:	01/19/2006
Decision Date:	01/08/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and Pediatric Rehabilitation Medicine, and is licensed to practice in Ohio and 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 physician 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 patient is a 48-year-old female who reported a work related injury on 01/19/2006 as the result of cumulative trauma. The clinical note dated 08/21/2013 reports the patient presents with treatment of the following diagnoses: right paracentral disc protrusion at C6-7, central disc protrusion at C5-6, central facet joint arthropathy, right upper cervical facet joint pain, and GERD. The provider documents the patient utilizes Pepcid, Tylenol, and Norco 10/325 for her pain complaints. The provider documents the patient is status post a rotator cuff repair in 2006, ACL replacement in 05/2008 and 06/2009, and left knee OATS procedure in 12/2010. Upon physical exam of the patient, [REDACTED] documents there was tenderness upon palpation of the right cervical paraspinal muscles. Cervical range of motion was restricted by pain in all directions. Muscle stretch reflexes were 1 and symmetric bilaterally to all limbs. Muscle strength was noted to be 5/5 throughout. The provider documented an appeal for the patient's medication as he documents the patient's pain decreases to a 3/10 to 4/10 with use of Norco 10/325. Without this medication, the patient's rate of pain is at an 8/10 to 9/10. The provider reported the patient's pain contract is up to date and the patient's urine drug screening is consistent with her medication use. The provider reported appeal of the denial of a repeat C6-7 epidural steroid injection and right C8 selective nerve root block, as the provider reports the patient previously received epidural steroid injection in August, which afforded her 10 months of relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoroscopically guided right C6-7 epidural steroid injection with right C8 selective nerve root block: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

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

Decision rationale: The current request is not supported. The provider documents the patient received 10 months of pain relief status post epidural steroid injection performed in 08/2013. However, a clinical note dated 08/21/2013 was not 10 months status post the last injection. Additionally, the clinical notes failed to evidence an official imaging study of the patient's cervical spine, or that the patient presented with any significant objective findings of symptomatology upon physical exam. The patient had no motor, neurological, or sensory deficits. Given the above, the request for Fluoroscopically guided right C6-7 epidural steroid injection with right C8 selective nerve root block is neither medically necessary nor appropriate.

Hydrocodone 10/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 78.

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

Decision rationale: The request for Hydrocodone 10/325mg #30 is not supported. California MTUS indicates, hydrocodone "is seen as an effective method in controlling chronic pain. It is often used for intermittent or breakthrough pain." The guidelines also state "4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors)." The provider documents the patient reports a decrease in rate of pain with utilization of her medication; however, the provider reports the patient reports a significant rate of pain at an 8/10 and is requesting injection therapy for the patient. Given the noted discrepancies with the reports of efficacy of the patient's current medication regimen, the request for Hydrocodone 10/325mg #30 is neither medically necessary nor appropriate.