

Case Number:	CM13-0018091		
Date Assigned:	10/11/2013	Date of Injury:	06/09/1995
Decision Date:	07/25/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/28/2013

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 Occupational and Environmental Medicine, has a subspecialty in General Preventive Medicine and is licensed to practice in West Virginia. 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:

According to records made available for review; this is a 59 year old female with a 6/19/95 date of injury to neck, right shoulder and right arm during the course of her employment in an administrative position. This injury is documented as causing variable degrees of pain in her upper extremities (4/10 to 7/10 dependant on aggravating factors) as well as decreased sensation in the C6 and C7 distributions and overall reduced upper extremity range of motion. No decreased strength has been noted in the medical records and radiologic studies have revealed only mild to moderate cervical stenosis. In 1995 she underwent a C4-5 discectomy with relief of symptoms, symptoms recurred in 1997 and she underwent a C5-6 discectomy and anterior fusion with revision in 2000 without appreciable change in symptomology. There are two episodes of intentional self harm noted in records, both instances resolved without serious injury or longterm complication. This individual has been prescribed; cervical epidural injections at C4-5 and C6-7 for diagnosis of nerve impingement as well as treatment of neck and upper extremity pain and radiculopathy, Hydrocodone/APAP combination for treatment of pain, Medrox patches for treatment of local pain and Trazodone for treatment of pain and insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 CERVICAL EPIDURAL STEROID INJECTION AT C4-5 AND C5-6: Upheld

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

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

Decision rationale: The MTUS Chronic pain medical treatment guidelines state that epidural steroid injections are Recommended as an option for treatment of radicular pain. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The MTUS further defines the criteria for epidural steroid injections to include: Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). This individual has documented physical examination findings of radiculopathy but they are not corroborated by imaging which note mild to moderate canal stenosis at C4-5 and notes no findings at C5-6 beyond known fusion. Further, the available records note that patient has demonstrated improvement with her pharmaceutical regimen. As such, this request is deemed not medically necessary.

1 PRESCRIPTION OF HYDROCODONE/APAP 10/325MG #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ; opioids for chronic pain, opioids for neuropathic pain, criteria for use of opioids page(s) 80-82, 88-89 Page(s): 88-89.

Decision rationale: The chronic pain guidelines indicate that opioids are not first line therapy for the treatment of chronic pain or for the treatment of neuropathic pain and while efficacious in short term use there is no support to suggest that prolonged use is efficacious and what information is available indicates limited usefulness in the long-term. Opioids may be recommended if contraindications exist for first line therapies but no contraindications are noted in the available records. Also, there is no indication of improved function secondary to the prolonged use of hydrocodone/APAP combination products in this individual. Given the lack of documented functional improvement, the lack of evidence for long-term use of opioids and the general risks associated with long duration opioid therapy this request is deemed not medically necessary.

1 PRESCRIPTION OF MEDROX PATCHES, #1 BOX: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Salicylate, Topical analgesic page(s) 28, 105, 111-113 Page(s): 28, 105, 111-113.

Decision rationale: d) The Medrox patches contain topical capsaicin and salicylates. MTUS recommends capsaicin "only as an option in patients who have not responded or are intolerant to other treatments. There is no indication that the patient has failed oral medication or is intolerant to other treatments. As such, this request is deemed not medically necessary.

1 PRESCRIPTION OF TRAZADONE 50MG, #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental illness and stress, Trazodone (desyrel).

Decision rationale: The Official disability guidelines (ODG) indicate that, while used off label for the indication, Trazodone is not FDA approved for treating insomnia. Trazodone is also (per ODG) not considered a drug of choice in treating major depression, nor is it a first line agent for chronic pain with or without major depression. Given the lack of an approved indication for insomnia and the lack of evidence for efficacy for the treatment of chronic pain, this request is deemed not medically necessary.