

Case Number:	CM13-0027243		
Date Assigned:	11/22/2013	Date of Injury:	09/15/2011
Decision Date:	02/12/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/20/2013

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 Anesthesiologist, has a subspecialty in Pain Medicine and is licensed to practice in California. 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.

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 54-year-old female who reported injury on 09/15/2011. The mechanism of injury was stated to be a slip and fall. The patient was noted to have increased neck and low back pain and increased upper extremity radiating symptoms. The patient was noted to have an epidural steroid injection on 04/12/2013 and had significant relief from upper extremity radiating symptoms. The patient's current medications were noted to include Norco, tramadol, Neurontin, omeprazole, Robaxin and a TENS unit. The patient's diagnoses were noted to include degenerative disc changes at C5-6 and C6-7. The request was made for medication refills and a repeat epidural steroid injection, and a supply of TENS unit sticky leads.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) interlaminar epidural steroid injection on the left at C7-T1: Upheld

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

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

Decision rationale: California MTUS guidelines recommend for repeat epidural steroid injection, there must be objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a

general recommendation of no more than 4 blocks per region per year. Clinical documentation submitted for review failed to provide objective documentation of pain and functional improvement, including at least 50% relief with associated reduction of medication use for 6 to 8 weeks. Additionally, there was a lack of objective findings as there was lack of documentation of a thorough objective physical examination. The patient was noted to complain of increased upper extremity radiating pain. The patient was noted to go to the gym despite the flare-up 4 times per week for 30 to 45 minutes. Clinical documentation submitted for review fails to meet the criteria for a second interlaminar epidural steroid injection. Given the above, the request for 1 interlaminar epidural steroid injection on the left at C7-T1 is not medically necessary.

Norco 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75, 78.

Decision rationale: California MTUS guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. Clinical documentation submitted for review failed to provide documentation of the 4 A's. Additionally, the request as submitted failed to provide the quantity of medication being requested. The request for unknown prescription of Norco 10/325 mg is not medically necessary

Tramadol ER 150mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 82, 93, 94,113, 78.

Decision rationale: California MTUS states Central analgesics drugs such as Tramadol (Ultram[®]) are reported to be effective in managing neuropathic pain and it is not recommended as a first-line oral analgesic. California MTUS recommend that there should be documentation of the 4 A's for Ongoing Monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. Clinical documentation submitted for review failed to provide documentation of the 4 A's for ongoing monitoring. There was a lack of documentation indicating the quantity of medication being requested. Given the above, the request as submitted for unknown prescription of Tramadol ER 150 mg is not medically necessary

Neurontin 600mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16.

Decision rationale: California MTUS guidelines indicate that Gabapentin is recommended for neuropathic pain. Clinical documentation submitted for review failed to provide the efficacy of the requested medication. Additionally, it failed to provide documentation of the quantity of medication being requested. Given the above, the request as submitted for unknown prescription of Neurontin 600 mg is not medically necessary

Omeprazole 20mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69.

Decision rationale: California MTUS recommends proton pump inhibitors (PPI's) for the treatment of dyspepsia secondary to NSAID therapy. Clinical documentation submitted for review failed to provide the efficacy of the requested medication. Additionally, it failed to provide the patient had signs and symptoms of dyspepsia. Additionally, there was a lack of documentation indicating the quantity of medication being requested. Given the above, the request as submitted for unknown prescription of omeprazole 20 mg is not medically necessary

Robaxin 750mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

Decision rationale: California MTUS guidelines indicate that Robaxin is an antispasmodic used in low back pain to decrease muscle spasms, although it is sometimes used whether a spasm is present or not. Clinical documentation submitted for review failed to provide documentation of the efficacy of the requested medication. Additionally, it failed to provide the quantity being requested. Given the above, and the lack of documentation, the request for unknown prescription for Robaxin 750 mg is not medically necessary