

Case Number:	CM13-0037483		
Date Assigned:	12/13/2013	Date of Injury:	11/10/2010
Decision Date:	03/26/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	09/30/2013

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, 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 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 45-year-old female who reported injury on 11/10/2010. The mechanism of injury was noted to be the patient was driving a city bus and had stopped, and was rear-ended by a [REDACTED] going approximately 30 to 40 miles per hour. The patient's medications were noted to be Flexeril, Norvasc, omeprazole, Symbicort, Singulair, thyroid medication, and oxycodone 10/325. The patient's prior medications were noted to be Percocet 5/325 1 every 6 hours as needed for pain. The physical examination revealed the patient had tenderness to palpation of the cervical paraspinal muscles with positive cervical spasms. The Spurling's maneuver was negative. The nerve root tension signs were negative. The muscle strength was 5/5 in all limbs except for the left wrist extensions, biceps, deltoid, and pronator teres, as strength was 4+/5. The muscle stretch reflexes were 1 and symmetric bilaterally in the upper extremities. The diagnoses were noted to be C5 and C6 cervical radiculopathy with positive EMG findings with nerve conduction study, C5-6 cervical disc extrusion, cervical stenosis, and cervical facet joint pain. The request was made for a left C5 and left C6 transforaminal epidural steroid injection, cyclobenzaprine, and Percocet 10/325.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoroscopically guided Left C5 and Left C6 transforaminal epidural steroid injection:
Upheld

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

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

Decision rationale: California MTUS guidelines recommend for an Epidural Steroid injection that Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and it must be initially unresponsive to conservative treatment. Clinical documentation submitted for review indicated the patient had muscle strength of 4+/5 on the left wrist extension, biceps, deltoid, and pronator teres. The nerve root tension signs and Spurling's maneuver were negative bilaterally. It was indicated the patient had a positive EMG with nerve conduction study findings of cervical radiculopathy; however, the official EMG/nerve conduction study was not presented for review. Additionally, there was a lack of documentation indicating the patient was initially unresponsive to conservative treatment. Given the above, the request for fluoroscopically guided left C5 and left C6 transforaminal epidural steroid injection is not medically necessary.

Cyclobenzaprine 10mg #90 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: California MTUS Guidelines indicate that muscle relaxants are prescribed as a second-line option for short-term treatment in acute low back pain. They should be utilized for less than 3 weeks. There should be documentation of objective functional improvement with the medication. Clinical documentation submitted for review indicated the physician stated the medication was being used to treat acute and subacute cervical spasms, and was not being prescribed every month, as the last cyclobenzaprine refill was on 07/09/2013. However, there was a lack of documentation of the patient's objective functional improvement with the requested medication. Additionally, there was a lack of documentation indicating the patient had a necessity for 1 refill, as the physician indicated the patient used it on a prn basis, and it was not being prescribed every month. Given the above, the request for cyclobenzaprine 10 mg #90 with 1 refill is not medically necessary.

Percocet 10/325 #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, ongoing management, Page(s): 60, 78..

Decision rationale: California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective increase in function, objective decrease in the VAS score, evidence that the patient is being monitored for aberrant drug behavior and side effects. Clinical documentation submitted for review failed to indicate the above criteria. The duration the patient had been on the medication was not provided. Given the above and the lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations, the request for Percocet 10/325 #120 is not medically necessary.