

Case Number:	CM13-0039529		
Date Assigned:	12/20/2013	Date of Injury:	02/21/2004
Decision Date:	08/12/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/28/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Alabama, New York, and Maryland. 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 patient is a 58 year old female who was injured on 02/21/2004. The mechanism of injury is unknown. Prior treatment history has included epidural steroid injection which has helped her in the past. The patient underwent C7-T1 interlaminar epidural steroid injection, cervical epidurography on 09/04/2013, 09/04/2013, and 06/05/2013. Subjective, Objective, Assessment, Plan (SOAP) dated 10/09/2013 documented the patient to have complaints of pain in the upper thoracic area. She reports left sided wrist pain and neck pain. On exam, she has normal range of motion of the cervical spine. She has flexion from chin to chest; extension to 43 degrees; right lateral rotation to 67 degrees; left lateral rotation to 68 degrees; right lateral bending to 40 degrees; and left lateral bending to 40 degrees. She has tenderness over the facet joints. She has tenderness at the wrist, left greater than right. There is positive Tinel's of bilateral wrists. Positive Spurling's test bilaterally. The lumbar spine reveals range of motion exhibits extension to 67 degrees; left lateral rotation to 68 degrees; right lateral bending to 40 degrees; left lateral bending to 40 degrees. The diagnoses are: cervical degenerative disk disease at C5-6 and C6-7; cervical facet syndrome at C3-4 and C4-5; muscle spasm, greater occipital neuralgia, cervical radiculitis, bilateral carpal tunnel syndrome, left lateral epicondylitis, degeneration of cervical intervertebral disc, and carpal tunnel syndrome. The patient was given Percocet 10/325 mg, Flexeril 10 mg, Topamax 75 mg, Effexor SR 125 mg, and Kadian 40 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Kadian 40mg (DOS 10/9/2013): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 75-94.

Decision rationale: The California MTUS guidelines recommend the use of opiates for/as the treatment of moderate to severe nociceptive pain or chronic pain, which are need of continuous treatment. The medical records document that the patient has upper cervical and suboccipital pain. Further, the documents show that the patient has no signs of effective response to a time-limited course of opioids that leads to the reassessment and consideration of alternative therapy. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

Prescription of Percocet 10/325mg (DOS 10/9/13): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 75-94.

Decision rationale: The California MTUS guidelines recommend the use of opiates for/as the treatment of moderate to severe nociceptive pain or chronic pain. The medical records document that the patient has upper cervical and suboccipital pain. Further, the documents show that the patient has no signs of effective response to a time-limited course of opioids that leads to the reassessment and consideration of alternative therapy. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.