

Case Number:	CM13-0039980		
Date Assigned:	12/20/2013	Date of Injury:	08/23/2000
Decision Date:	03/19/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/07/2013

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 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. 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 52 year old injured worker who was injured on 8/23/2000. The patient is medically retired at this time. Patient is status post ACDF at C6-7 with continued right arm symptoms. Prior treatment has included ESI's, physical therapy and medication therapy. Medications included: Prednisone,50mg; Benadryl,50mg; Cymbalta, 60mg; Bystolic,10mg; Oxycontin,40mg; Zyrtec,10mg; Singulair; Ranitidine Hcl,3 00 mg; Nexium,40mg; Valium 5mg; Norpace 150mg; Byetta,10mcg/0.04; Tamsulosin Hcl, 0.4mg; Ambien,10mg; Hydralazine Hcl,50mg; Gabapentin,300mg; Digoxin 250 mcg; Oxycodone-Hcl-acetaminophen,10mg-325mg; and Allopurinol,10 mg. Diagnostic studies reviewed are an MRI of the cervical spine without contrast dated 10/16/2012 and revealed Interval surgery since prior exam consistent with an anterior cervical discectomy and fusion at C6-7 level; Overall moderate degree of degenerative disc disease and spondylosis with degenerative arthropathy of the facet joints; No cord compression related to a soft disc protrusion or spondylotic protrusion. Endplate spurs at C6-7 level attenuate the anterior C8F space and nearly about the cord at the midline and to the left of midline. Multilevel central canal stenosis, mild or at most mild to moderate in degree; multilevel foraminal stenosis without severe narrowing. MRI of the Lumbar spine without contrast dated 10/16/2012 revealed Degenerative disc disease and spondylosis of a moderate degree with degenerative arthropathy of the facet joints. No evidence for a prior fracture; multivelel foraminal stenosis, greatest left-sided at the L3-4 level and right-sided at the L5-S1 level; central canal stenosis most conspicuously evident at the L3-4 level; lesion of the left kidney most consistent with a renal cyst. The patient is noted to have a well healed incision on examination, some weakness of hand intrinsic on the right, consistent with C8 radiculopathy; 5/5 strength in the lower extremities with normal sensation and negative straight leg raise. He is diagnosed with chronic cervical pain status post surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Steroid Injection Mid L3-L4: 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 Epidural Steroid Injections Page(s): 46.

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines: "In the therapeutic phase, repeat blocks should be based on continued 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." According to the clinical documentation provided, the patient had prior ESI treatment without the pain relief documentation needed for this request. The request for Steroid Injection Mid L3-L4 is not medically necessary and appropriate.

Fluoroscopic guidance: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Neurontin 800mg tablets, quantity 720: Upheld

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

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

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines "One recommendation for an adequate trial with Gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage." Based on the medical records provided for review the patient has been on this medication for prolonged periods of time, but there is no documentation regarding the improved pain or functional improvement with the use of this medication. The request for Neurontin 800mg, quantity 720 is not medically necessary and appropriate.

Oxycontin 30mg tablets, quantity 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 92-97.

Decision rationale: According to California MTUS Chronic Pain Medical Treatment Guidelines, this medication is recommended if the patient has returned to work or if the patient has improved functioning and pain. The MTUS provides requirements for the treating physician to provide assessments of function so that treatment intervention response can be measured. Based on the medical records provided for review the patient has been on this medication for prolonged periods of time, but there is no documentation regarding the improved pain or functional improvement with the use of this medication. Additionally, guidelines recommend slow tapering/weaning process for individuals using opioids for long-term due to risk of withdrawal symptoms. The request for Oxycontin 30mg, quantity 60 is not medically necessary and appropriate.

Oxycontin 20mg tablets, quantity 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 92-97.

Decision rationale: According to California MTUS Chronic Pain Medical Treatment Guidelines, this medication is recommended if the patient has returned to work or if the patient has improved functioning and pain. The MTUS provides requirements for the treating physician to provide assessments of function so that treatment intervention response can be measured. Based on the medical records provided for review the patient has been on this medication for prolonged periods of time, but there is no documentation regarding the improved pain or functional improvement with the use of this medication. Additionally, guidelines recommend slow tapering/weaning process for individuals using opioids for long-term due to risk of withdrawal symptoms. The request for Oxycontin 20mg tablets, quantity 60 is not medically necessary and appropriate.

Oxycodone-Acetaminophen 10mg/325mg tablets, quantity 80: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 92-97.

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines, this medication is recommended if the patient has returned to work or if the patient has improved functioning and pain. The MTUS provides requirements for the treating physician to provide assessments of function so that treatment intervention response can be measured. Based on the medical records provided for review the patient has been on this medication for prolonged periods of time, but there is no documentation regarding the improved pain or functional improvement with the use of this medication. Additionally, guidelines recommend slow tapering/weaning process for individuals using opioids for long-term due to risk of withdrawal symptoms. The request for Oxycodone-Acetaminophen 10mg/325mg tablets, quantity 80 is not medically necessary and appropriate.