

Case Number:	CM13-0041240		
Date Assigned:	12/20/2013	Date of Injury:	05/13/2010
Decision Date:	01/31/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/11/2013

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 Occupational 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. 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 applicant is a [REDACTED] employee who has filed a claim for chronic neck, low back, mid-back, and bilateral lower extremity pain reportedly associated with an industrial injury of May 13, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; electrodiagnostic testing of December 2010, notable for right C5 C6 radiculopathy; one prior lumbar epidural steroid injection, per the claims administrator; adjuvant medications; one prior cervical epidural steroid injection in February 2012; PENS stimulator implantation and subsequent removal; and extensive periods of time off of work. In a utilization review report of September 30, 2013, the claims administrator denied a cervical epidural steroid injection, certified a prescription for Naprosyn, partially certified a prescription for Prilosec, certified a prescription for Neurontin, and denied a prescription for Ambien. The claims administrator incorrectly mis numbered page 46 of the MTUS Chronic Pain Medical Treatment Guidelines as page 45 of the MTUS Chronic Pain Medical Treatment Guidelines, it is noted. The utilization reviewer denied the epidural steroid injection on the grounds that the attending provider did not specify the injection level. An earlier medical-legal evaluation of October 15, 2012 is notable for comments that the applicant has been laid off by her former employer and did undergo a prior cervical epidural steroid injection at C5-C6 on February 28, 2012. An earlier note of October 10, 2013 is notable for comments that the applicant reports 7 to 8/10 neck pain with associated stiffness and spasm. Medications give her pain relief for a few hours. She exhibits positive right-sided straight leg raising and 4+/5 right lower extremity strength with 5/5 strength throughout the remainder of the upper and lower extremities. Both a positive right shoulder impingement sign and a Spurling's maneuver are appreciated. The applicant is given prescription for Naprosyn, Norflex, Prilosec, and Neurontin. It is stated that she is depressed and also has myofascial pain. An earlier note of November 7,

2013 is notable for comments that the applicant does not want to pursue any injection at this time despite radiating neck pain with tingling and paresthesias. The applicant escalated shoulder pain, it is further noted. 4+/5 right upper extremity weakness is appreciated, although it is stated that the applicant has some element of giveaway weakness. Multiple progress notes interspersed throughout 2013 states that Prilosec is being given for stomach upset and heartburn at the end of the report. However, there is no mention of issues with reflux, heartburn, and/or dyspepsia made in any other part of the report. The applicant's prior response to Prilosec is not detailed or described.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection QTY: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

Decision rationale: While the applicant does seem to have an electrodiagnostically confirmed cervical radiculopathy, she has had prior cervical epidural steroid injection therapy, and it has been stated. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, however, the pursuit of repeat blocks should be predicated on a favorable response to prior blocks. In this case, however, there is no evidence of functional improvement as defined in MTUS 9792.20f following completion of prior cervical epidural steroid injection therapy. The applicant has failed to return to work. The applicant remains highly reliant on various medications and medical treatments. Pursuing repeat blocks is not indicated particularly as the applicant herself feels that the prior blocks were not necessary and no longer wishes to pursue further injection therapy. Therefore, the request remains non-certified, on independent medical review.

Prilosec 20 mg QTY: 60.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines suggests that proton-pump inhibitors such as omeprazole or Prilosec are indicated in the treatment of NSAID induced dyspepsia, in this case, however, there is no clear evidence of or mention of dyspepsia, either NSAID-induced or stand-alone. It is not clearly stated that this particular applicant has suffered any issues with dyspepsia, either as a result of NSAID or stand-alone. Contrary to what was suggested by the previous utilization reviewer, the applicant is not

an individual who is at high risk for gastrointestinal events. She does not have a history of bleeding, dyspepsia, peptic-ulcer disease, duodenal ulcer disease, etc. She is not using multiple NSAIDs and/or using NSAIDs in conjunction with corticosteroids. Finally, she is not 65 years of age or greater (the applicant is 51). For all of these reasons, then, proton-pump inhibitors such as Prilosec are not indicated here. Therefore, the request is not certified.

Ambien 10 mg QTY: 30.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Duration Guidelines Pain (Chronic), Zolpidem (Ambien®)

Decision rationale: The MTUS does not address the topic. As noted in the ODG chronic pain chapter Zolpidem topic, Zolpidem or Ambien is indicated in the short-term, two to six weeks treatment of insomnia. It is not recommended, indicated, or endorsed on a chronic, long term, and/or scheduled basis, as is being proposed here. In this case, the attending provider has not furnished any compelling rationale or narrative so as to try and offset the unfavorable guideline recommendation. Therefore, the request is not certified, on independent medical review.