

Case Number:	CM13-0043473		
Date Assigned:	12/27/2013	Date of Injury:	12/10/2011
Decision Date:	04/29/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/24/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 43-year-old male who reported an injury on 12/10/2011. The mechanism of injury was not stated. The patient was diagnosed with a cervical sprain/strain, cervical radiculopathy, cervical facet arthropathy, lumbar disc disease, lumbar facet arthropathy and left sacroiliac joint arthropathy. The patient was seen by [REDACTED] on 08/02/2013. The patient reported neck pain, bilateral shoulder pain and numbness and tingling in bilateral upper extremities. Physical examination on that date revealed decreased cervical range of motion, tenderness to palpation of the facet joints at C3-6, moderate paracervical muscle spasms, positive foraminal compression testing, positive Spurling's maneuver, decreased sensation in the C5-7 dermatomes, limited lumbar range of motion, tenderness to palpation, paralumbar spasms and positive Patrick's testing and facet loading maneuver. Treatment recommendations at that time included a cervical epidural steroid injection, the continuation of current medications and a urine toxicology screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

A CERVICAL EPIDURAL STEROID INJECTION TO TREAT RESIDUAL PERSISTENT RADICULAR SYMPTOMS AT THE LEFT C5 AND C6: Upheld

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

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

Decision rationale: The California MTUS Guidelines state that epidural steroid injections are recommended as an option for the treatment of radicular pain, with use in conjunction with other rehab efforts. As per the documentation submitted, there is no evidence of upper extremity weakness upon physical examination. There was no documentation of an unresponsiveness to recent conservative treatment as recommended by the California MTUS Guidelines. There were also no imaging studies or electrodiagnostic reports submitted for review to corroborate a diagnosis of radiculopathy. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

NABUMETONE 500MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72..

Decision rationale: The California MTUS Guidelines state that NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second-line treatment after acetaminophen. There is no evidence of long-term effectiveness for pain or function. As per the documentation submitted, there is no evidence of objective functional improvement as a result of the ongoing use of this medication. Additionally, there is no quantity listed in the current request. Therefore, the request is not medically appropriate. As such, the request is non-certified.

ULTRACET: 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): 74-82..

Decision rationale: This is a nonspecific request that does not include a dosage, frequency or quantity. Therefore, the request is not medically appropriate and is non-certified.

GABAPENTIN 300MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-18..

Decision rationale: The California MTUS Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. As per the documentation submitted, the patient has continuously utilized gabapentin 300 mg. There is no evidence of objective functional improvement. There is also no quantity listed in the current request. Therefore, the request is not medically appropriate. As such, the request is non-certified.

NORFLEX: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Page(s): 63-66..

Decision rationale: This is a nonspecific request that does not include a dosage, frequency or quantity. Therefore, the request is not medically appropriate and is non-certified.

TRAMDEX COMPOUND 120MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state that topical analgesics are largely experimental in use, with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least 1 drug that is not recommended is not recommended as a whole. There are no guideline recommendations for the use of antidepressants or opioids as a topical product. There was also no quantity listed in the current request. Therefore, the request is not medically appropriate. As such, the request is non-certified.

OMEPRAZOLE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and GI symptoms. Page(s): 68-69.

Decision rationale: This is a nonspecific request that does not include a dosage, frequency or quantity. Therefore, the request is not medically appropriate and is non-certified.