

Case Number:	CM13-0046606		
Date Assigned:	04/16/2014	Date of Injury:	03/26/1997
Decision Date:	05/23/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/01/2013

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 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of March 26, 1997. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; anxiolytic medications; and psychotropic medications. In a Utilization Review Report dated October 23, 2013, the claims administrator denied a request for Ativan, denied a request for Norco, denied a request for Flector patches, approved a request for Cymbalta, and denied a C6-C7 Epidural Steroid Injection. The claims administrator did qualify its position by stating that the applicant should taper off of Norco and Ativan over a span of six weeks. The applicant's attorney subsequently appealed. In an April 22, 2013 progress note, the applicant reported 5/10 pain with medications versus 8-9/10 pain without medications. The attending provider posited that the applicant's ability to bathe, dress, prepare food, and clean the home had been ameliorated with ongoing medication usage. The applicant was not working, however, it was acknowledged. The applicant was reportedly using Celebrex and Norco, it was stated on this occasion. The applicant's gastrointestinal review of systems was negative, it was suggested. On May 20, 2013, the applicant underwent a shoulder corticosteroid injection. In a progress note dated October 11, 2013, the attending provider suggested that the applicant continue the present opioid regimen. The applicant had persistent complaints of neck pain radiating into the bilateral upper extremities. "Repeat" cervical Epidural Steroid Injection therapy was endorsed. The applicant was asked to try a combination of Lyrica and Cymbalta. The applicant reported 8/10 pain with medications versus 10/10 pain without medications. The attending provider again posited that the applicant's ability to bathe and dress herself was ameliorated with medication consumption. Both Ativan were refilled, it was incidentally noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

ATIVAN 0.5MG, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: As noted on page 24 of the MTUS Chronic Pain Medical Treatment Guidelines, Benzodiazepines such as Ativan are not recommended for chronic or long-term use purposes. Most guidelines limit usage of Benzodiazepines to four weeks, the MTUS notes, whether used for a sedative effect, hypnotic effect, anxiolytic effect, anticonvulsant effect, or muscle relaxant effect. In this case, the attending provider did not, it is further noted, clearly state for what purpose Ativan was being used, although it did appear that the applicant was using Ativan for sleep purposes. No applicant-specific rationale or medical evidence to support provision of Ativan for the chronic, long-term, and scheduled use purpose implied by the 90-tablet supply at issue was proffered by the attending provider. Therefore, the request is not medically necessary.

NORCO 10/325MG, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work, it has been acknowledged at various points during the life of the claim. The applicant's self-report of reduction in pain levels from 10/10 to 8/10 with ongoing opioid usage appears to be a marginal to negligible benefit and is seemingly outweighed by the applicant's failure to return to any form of work and lack of any tangible or material improvements in activities of daily living despite ongoing Norco usage. The attending provider's commentary that the applicant is able to bathe and dress herself reportedly as a result of medication usage, again, appears to be a marginal to negligible benefit, one which is outweighed by the applicant's failure to return to any form of work. Therefore, the request is not medically necessary.

RIGHT C6-C7 TRANSFORAMINAL (TF) ESI (EPIDURAL STEROID INJECTION):
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

Decision rationale: The attending provider himself acknowledged on October 11, 2013, the request in question does represent a request for repeat Epidural Steroid Injection therapy. However, as noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat blocks should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. In this case, the fact that the applicant is off of work, on total temporary disability, however, suggests a lack of functional improvement as defined in MTUS despite at least one prior epidural block, as is the applicant's continued dependence on other forms of medical treatment, including multiple analgesic, adjuvant, and anxiolytic medications such as Norco, Lyrica, Ativan, Cymbalta, etc. Therefore, the request is not medically necessary.

FLECTOR PATCHES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Odg- Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, Flector is a derivative of topical Voltaren/Diclofenac. However, as noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Voltaren/Diclofenac has "not been evaluated" for treatment of the spine. In this case, the applicant's primary pain generator is, in fact, the cervical spine, a body part for which Voltaren/Diclofenac/Flector has not been evaluated. No rationale for selection of this particular agent in the face of the tepid-to-unfavorable MTUS position on the same was proffered by the attending provider. It is further noted that, as with the many other medications, that the applicant has failed to demonstrate any lasting benefit or functional improvement through ongoing usage of Flector. Therefore, the request is not medically necessary.