

Case Number:	CM13-0046879		
Date Assigned:	12/27/2013	Date of Injury:	11/03/2003
Decision Date:	02/26/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/01/2013

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 & 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 57 year old female with a date of injury of 11/03/2003. The listed diagnoses per [REDACTED] are status post right CTR (03/16/2013) and cervical radiculopathy. A 10/11/13 report documents that patient continues to complain of neck pain and poor sleep. Pain is noted to radiate into "left arm, C6 distribution, with a positive Spurling's to this dermatomal distribution." No other examination findings were noted. Treater requests refill of Norco, Soma, Prilosec and a cervical epidural steroid injection at C4-C6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 88-89.

Decision rationale: For chronic opioids use the MTUS Chronic Pain Guidelines require documentation of a patient's pain and functional improvement using a numerical scale or a validated instrument at least once every 6 months. Documentation of the four A's (Analgesia, ADL's, Adverse side-effects, Adverse behavior) are required for continued use of opioids.

Furthermore, under outcome measures, MTUS Chronic Pain Guidelines also recommend documentation of current pain; average pain; least pain; time it takes for medication to work; duration of pain relief with medications, etc. This patient has been prescribed Norco since 2012. In this case, none of the reports provided for review (dated 01/07/2013 to 07/10/2013) contain documentation of pain and functional assessment as related to medication use. The requested Norco #180 is not medically necessary and appropriate.

Soma 350mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 63.

Decision rationale: The MTUS Chronic Pain Guidelines regarding muscle relaxants state "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." This patient has been prescribed Soma #90 for long term use and the MTUS Chronic Pain Guidelines do not recommend long-term use of muscle relaxants. The requested Soma #90 is not medically necessary and appropriate.

Prilosec 20mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 69.

Decision rationale: Regarding Omeprazole, the MTUS Chronic Pain Guidelines state its use is "recommended with precautions as indicated below. Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determining if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." Progress reports dated 01/17/2013 to 07/10/2013 do not provide any GI risk assessment. There is no mention of gastric irritation or pain, no peptic ulcer history, no concurrent use of ASA, anti-coagulation, etc. In addition the patient's current medication regimen does not include any NSAIDs. The requested Prilosec is not medically necessary and appropriate.

Cervical epidural steroid injection at C4-C6 under fluoroscopy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 46-47.

Decision rationale: The medical records provided for review show the patient received a cervical epidural steroid injection at C4-C6 on 08/10/2012. The operative report indicates the "patient stated that she had good pain relief in her usual painful distribution." There are no progress reports following the procedure or any reference to how much relief and the duration relief experienced by the patient from this injection. Furthermore, there are no MRI reports or any reference to an MRI accompanied with the current request for an epidural steroid injection. Regarding epidural steroid injections, the MTUS Chronic Pain Guidelines state, "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." Given a lack of documentation of at least 50% pain relief lasting more than 6 weeks along with functional improvement from the initial injection and reduction of medication, the request is not medically necessary and appropriate.