

Case Number:	CM13-0049703		
Date Assigned:	12/27/2013	Date of Injury:	03/07/2001
Decision Date:	03/13/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/04/2013

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 Orthopedic Surgery and is licensed to practice 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 claimant is a 45 year old female injured in a work related accident March 7, 2001. The records provided for review included electrodiagnostic studies of the lower extremities revealing a bilateral L5 and S1 radicular process. Imaging of the cervical spine included a CT scan dated September 16, 2013 that showed prior interbody fusion from C5 through T1 with bilateral foraminal narrowing at C4-5 and a focal 3 millimeter disc bulge at C6-7 effacing the ventral epidural space but no foraminal encroachment or nerve root impingement. The most recent clinical assessment by [REDACTED] dated October 14, 2013, indicated ongoing complaints of pain in the neck and low back with no documentation of radiculopathy. The examination was limited to the right shoulder noting tenderness to palpation but no upper or lower extremity neurologic findings documented. There was no formal documentation of a radicular process. The recommendation was for continuation of narcotic analgesics to include Fentanyl, Oxycodone and Tramadol as well as a cervical epidural injection to be performed at the C7-T1 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural injection at C7-T1 under fluoroscopy: Upheld

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

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

Decision rationale: Based on the Chronic Pain Medical Treatment Guidelines an epidural injection at the C7-T1 level is not indicated. The guidelines recommend that radiculopathy must be documented on physical examination corroborated by imaging studies and/or electrodiagnostic testing. The records do not identify physical examination findings that corroborate with imaging findings. = Therefore, the claimant's clinical presentation does not satisfy the Chronic Pain Medical Treatment Guideline criteria for the proposed procedure.

Retrospective Fentanyl 12mcg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, Opioids-Criteria For Use. Page(s): 76-80.

Decision rationale: Based on the Chronic Pain Medical Treatment Guidelines Fentanyl is not indicated. The claimant's clinical picture does not support the need for three medications in the chronic setting that would be for narcotic and nonnarcotic analgesic use. Specifically, the Chronic Pain Medical Treatment Guideline criteria do not recommend the role of continued use of opioid analgesics without documentation of functional improvement or benefit in the medical records. There is no documentation of functional improvement with the above mentioned agents in the records provided for review. Therefore, the request for Fentanyl is not medically necessary and appropriate.

Retrospective Oxycodone 30mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, Opioids-Criteria For Use. Page(s): 76-80.

Decision rationale: Based on the Chronic Pain Medical Treatment Guidelines Oxycodone would not be indicated. The claimant's clinical picture does not support the need for three medications in the chronic setting that would be for narcotic and nonnarcotic analgesic use. Specifically, the Chronic Pain Medical Treatment Guideline criteria do not recommend continued use of opioid analgesics without documentation of functional improvement or benefit in the medical records. There is no documentation of functional improvement with the above mentioned agents in the records provided for review. Therefore, the requested Oxycodone is not medically necessary and appropriate.

Retrospective Tramadol 100mg ER: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, Opioids- Tramadol (Ultram)..

Decision rationale: Based on the Chronic Pain Medical Treatment Guidelines Tramadol would not be indicated. The claimant's clinical picture does not support the need for three medications in the chronic setting that would be for narcotic and nonnarcotic analgesic use. Specifically, the Chronic Pain Medical Treatment Guideline criteria do not recommend continued use of opioid analgesics without documentation of functional improvement or benefit in the medical records. There is no documentation of functional improvement with the above mentioned medication in the records provided for review. Therefore, the requested Tramadol is not medically necessary and appropriate.