

Case Number:	CM13-0054469		
Date Assigned:	12/30/2013	Date of Injury:	06/09/2003
Decision Date:	03/17/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	11/19/2013

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 61-year-old female with the date of injury of 06/09/2003. The listed diagnoses per [REDACTED], dated 11/06/2013 are: (1) Cervical radicular pain, (2) Neck myofascial pain, (3) Lumbar radicular pain, (4) Possible right sacroiliac joint (SIJ) arthropathy, (5) Right lumbar facet arthropathy, and (6) Recent right hip pain. According to report dated 11/06/2013, by [REDACTED], the patient presents with worsening of neck pain. The patient indicates that she has been "having limitations to range of motion because of this recent flare-up." The patient requests a repeat cervical epidural steroid injection (ESI). An examination shows that the neck range of motion is limited to flexion, extension and to lateral rotation. The pain is noted on cervical range of motion. Positive cervical paraspinal muscle tightness bilaterally was reported. There are multiple trigger points over the trapezius and splenius capitis bilaterally. The Spurling's test was bilaterally positive and sensation was decreased over the lateral, palmar, and dorsal aspects of the right forearm and hand. Straight leg raise was noted as positive on the right and the left.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation the AMA Guides

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46-47.

Decision rationale: This patient presents with a flare-up of neck pain. The treater requests a repeat cervical epidural steroid injection (ESI) to C7 through T1. The medical records show an operative report dated 06/20/2012 documenting a cervical ESI to C7 through T1. The utilization review dated 11/15/2013 denied the request stating, "It is unclear if the patient has complaints of radicular pain or process at this time." The treater in an appeal letter dated 12/03/2013 states that the patient received "greater than 50% reduction in her neck pain and upper extremity symptoms until she experienced a recent flare-up." The treater argues that the patient has had over 50% relief in pain for approximately seventeen (17) months. However, a review of medical records from 01/14/2013 to 11/06/2013 show that the patient has been taking Avinza, morphine, and Vicodin concurrently. The Chronic Pain Guidelines indicate that ESIs are recommended as an option for the treatment of radicular pain, defined as pain in dermatomal distribution with collaborative findings of radiculopathy. Specific criteria are not to be met. In the therapeutic phase, a repeat block 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 (6 to 8) weeks with a general recommendation of no more than four (4) blocks per region per year. In this case, the patient has not shown any "reduction of medication use" following the initial ESI. Furthermore, the treater only described neck pain with no dermatomal distribution of pain/paresthesia required for a diagnosis of radiculopathy. Recommendation is for denial.

Avinza 60mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23, 75, 79-80, 81, 93, and 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 88-89.

Decision rationale: This patient presents with a flare-up in neck pain. The treater requests Avinza 60 mg. A progress report dated 01/14/2013 requests a "refill" of Avinza; therefore, it can be assumed that this patient has been taking this medication prior to that date. For chronic opioids use, the Chronic Pain Guidelines require functioning documentation using a numerical scale or a validated instrument at least once every six (6) months, and documentation of the 4 A's (analgesia, ADLs, adverse side effects, adverse behavior) are required. Furthermore, under outcome measures, the guidelines also recommend documentation of pain, average pain, least pain, time it takes for a medication to work, and duration of pain relief with medications. In this case, none of the required information is documented by the treating physician, despite review of reports from 01/14/2013 to 11/06/2013. The requested Avinza is not medically necessary. Recommendation is for denial.

Vicodin 7.5/500mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75, 79-80, 81, 91, and 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 88-89.

Decision rationale: The patient presents with a flare-up of neck pain. The treater requested Vicodin 7.5 #90. A progress report dated 01/14/2013 request a "refill" of Vicodin; therefore, it can be assumed that this patient has been taking this medications prior to that date. For chronic opioid use, the Chronic Pain Guidelines require functioning documentation using a numerical scale or a validated instrument at least once six (6) months, and documentation of the 4 A's (analgesia, ADLs, adverse side effects, adverse behavior) are required. Furthermore, under outcome measures, the guidelines also recommend documentation of pain, average pain, least pain, time it takes for a medication to work, and duration of pain relief with medications. Review of medical records dating from 01/14/2013 to 11/06/2013 do not show any documentation of decreasing pain and functional assessment as related to medication use. The requested Vicodin is not medically necessary and recommendation is for denial.