

Case Number:	CM13-0058619		
Date Assigned:	12/30/2013	Date of Injury:	04/28/2010
Decision Date:	09/18/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/27/2013

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 Texas. 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 33 year old male injured on 04/28/10 due to an unspecified mechanism of injury. The documentation indicates the patient complains of chronic neck pain with bilateral upper extremity radiation and low back pain with bilateral lower extremity radiation. The patient reports the pain is chronic, constant, moderate to severe pain not adequately controlled with NSAIDs leading to insomnia and restless sleep. Current medications include Restone 3/100mg QHS PRN, Tramadol 50mg Q 8 hours PRN, and Ibuprofen 800mg BID. Current diagnoses include cervical radiculitis and lumbar radiculitis. The documentation indicates current medication regimen along with opiates have allowed the patient to maintain basic levels of self-activities of daily living functioning while at home. Previous peer reviews indicate multiple urine drug screens inconsistent lacking the presence of the prescribed medication Tramadol. The documentation indicates the patient reported his pain level at 6/10 with medication and 9/10 without. Examination demonstrated moderate stress, spasm, and tenderness in the cervical spine, increased pain with cervical range of motion, and severe clinical insomnia per somnolence severity index.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right C4-C6 cervical epidural steroid injection: 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: As noted on page 46 of the Chronic Pain Medical Treatment Guidelines, 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. Documentation indicates that the patient received excellent neck pain control for 3 months in November of 2012 following previous epidural steroid injection; however, quantitative measurements of pain relief were not provided. Additionally, the 11/06/13 indicated that the patient had recently undergone another cervical epidural steroid injection with good response; however, the details were not provided. As such, the request for Right C4-C6 Cervical Epidural Steroid Injection is not medically necessary.

90 Tramadol 50mg, 1 every 8 hours: 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): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Specific examples of improved functionality should be provided. Additionally, the clinical documentation provided for review does not address the inconsistent routine toxicology results for Tramadol which is a noted prescribed medication for this patient. As such, the request for 90 Tramadol 50mg, 1 every 8 hours cannot be recommended as medically necessary.

60 Restone 3 100mg, 1-2 every night: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PAIN (CHRONIC), HERBAL MEDICINES.

Decision rationale: As noted in the Pain chapter of the Official Disability Guidelines - Online version, the use of herbal medicines or medical foods is not recommended. There is no indication in the documentation that the patient has failed previous prescription medications or has obvious contraindications. Additionally, there is no indication that the patient cannot utilize

the over-the-counter version of this medication. As such, the request for 60 Restone 3 100mg, 1-2 every night is not medically necessary.