

Case Number:	CM13-0070555		
Date Assigned:	01/08/2014	Date of Injury:	09/11/2009
Decision Date:	04/21/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/24/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a female patient with a date of injury of September 11, 2009. A utilization review determination dated November 27, 2013 recommends noncertification of Butrans patch, cervical epidural steroid injection on the right side at C5-6, and cervical epidural steroid injection on the left side at C5-6. A progress report dated December 11, 2013 identifies subjective complaints including neck pain that radiates bilaterally into the upper extremities including the wrists and hands. Physical examination identifies spasm noted with tenderness in the cervical spine. Range of motion is limited. Motor exam shows "decreased strength bilaterally." Diagnoses include cervical disc degeneration, cervical facet arthropathy, cervical radiculopathy, bilateral carpal tunnel syndrome, headaches, chronic pain, ulcerative colitis, chronic diarrhea, chronic hemorrhoids, and rectal fissure. Current treatment recommendations include continuing medication. A progress report dated November 14, 2013 indicates that Nucynta was discontinued due to manic side effects and replaced by Butrans in November 2011 [likely a typo]. A progress report dated November 13, 2013 identifies subjective complaints of neck pain that radiates bilaterally. The note indicates that the patient is unable to tolerate Nucynta ER. The note goes on to state that the patient's medications were reviewed including function and activities of daily living, medication compliance, and adverse effects. The note indicates that the patient "meets the criteria for continuation of medication management." Physical examination identifies tenderness to palpation with spasm noted in the cervical spine with limited range of motion. Current treatment plan includes cervical epidural steroid injection. The note indicates that the patient has had a prior successful cervical epidural injection. The requesting physician goes on to explain the definition of successful cervical epidural steroid injection, but does not describe the patient's response to the previous epidural steroid injection. With regards to opiate pain medication, the note indicates that the patient has previously failed nonnarcotic medications, and the narcotic

medications allow the patient to increase/maintain activities of daily living without adverse effects. Additionally, the patient has a pain contract and is monitored by CURES reporting. Medications recommended include Norco, Butrans, and discontinuation of Nucynta ER. Treatment goals are described including improved functional abilities.

IMR ISSUES, DECISIONS AND RATIONALES

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

BUTRANS 5MCG/HR PATCH: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79.

Decision rationale: Regarding the request for Butrans, California Pain Medical Treatment Guidelines state that Butrans is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, it appears that there was an attempt to initiate Butrans in November 2013. The requesting physician has identified that the patient's current pain medication inadequately reduces their pain. There is also documentation of impaired activities of daily living as well as appropriate functional treatment goals to be addressed with the addition of Butrans. Additionally, there is indication that there is a pain contract in place, informed consent has been obtained, and appropriate opiate monitoring is being performed. Unfortunately, the currently requested Butrans does not contain the number of patches being requested, or the duration of use for which approval is being sought. Guidelines do not support the open-ended use of opiate pain medication, and there is no provision to modify the current request. As such, the currently requested Butrans patches are not medically necessary.

CERVICAL EPIDURAL STEROID INJECTION AT C5-6 RIGHT SIDE USING FLUOROSCOPY: 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 (ESIs) Page(s): 26, 46.

Decision rationale: Regarding the request for cervical epidural steroid injection C5-6, California MTUS cites that ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Within the documentation available for review, there are no recent

physical examination findings supporting a diagnosis of radiculopathy (with documentation of findings in a specific dermatomal or myotomal distribution). Additionally, it is unclear exactly what specific analgesic benefit, objective functional improvement, and duration of relief was obtained with previous epidural injections. Finally, it is unclear what type of epidural injection is being requested (transforaminal or interlaminar) and why bilateral injections would be needed. In the absence of clarity regarding those issues, the currently requested CESI C5-6 is not medically necessary.

CERVICAL EPIDURAL STEROID INJECTION AT C5-6 LEFT SIDE USING FLUOROSCOPY:

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 (ESIs) Page(s): 26, 46.

Decision rationale: Regarding the request for cervical epidural steroid injection C5-6, California MTUS cites that ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Within the documentation available for review, there are no recent physical examination findings supporting a diagnosis of radiculopathy (with documentation of findings in a specific dermatomal or myotomal distribution). Additionally, it is unclear exactly what specific analgesic benefit, objective functional improvement, and duration of relief was obtained with previous epidural injections. Finally, it is unclear what type of epidural injection is being requested (transforaminal or interlaminar) and why bilateral injections would be needed. In the absence of clarity regarding those issues, the currently requested CESI C5-6 is not medically necessary.