

Case Number:	CM14-0008907		
Date Assigned:	02/14/2014	Date of Injury:	08/10/2000
Decision Date:	08/01/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/23/2014

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 Occupational Medicine 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:

The patient is a 49-year-old male who has filed a claim for cervical intervertebral disc degeneration associated with an industrial injury date of August 10, 2000. A review of progress notes indicates worsening low back pain with increased muscle spasms and cramping. Patient also reports pain in the head, right arm, right leg, right shoulder, thoracic spine, right hip, neck, and right ankle/foot. Findings include decreased grip strength of the right more than the left; sensory deficits in the C6-7 and L5-S1 dermatomes; decreased motor strength of bilateral upper extremities and lower extremities; decreased range of motion of lumbar spine; positive straight leg raise test bilaterally, more on the right; and right shoulder tenderness and crepitus. Cervical MRI dated May 08, 2012 showed multilevel disc protrusions. Lumbar MRI dated December 17, 2013 showed degenerative disc disease at L2-4 and bilateral foraminal compromise at L5 due to disc bulge. The treatment to date has included muscle relaxants, opioids, sedatives, Lidoderm patches, Gabapentin, anti-depressants, cervical epidural steroid injections, lumbar epidural steroid injection, psychiatric therapy, and TENS. Utilization review from January 14, 2014 denied the requests for lumbar epidural steroid injection and Cyclobenzaprine HCl 10mg #90 with 2 refills. There was modified certification for Norco 10/325mg for #180. Reasons for denial and modification were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection (CESI): 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 Page(s): 46.

Decision rationale: As stated on page 46 of California MTUS Chronic Pain Medical Treatment Guidelines, there is no support for epidural injections in the absence of objective radiculopathy. Criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology and conservative treatment. There is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. Repeat blocks should only be offered if there is at least 50% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. The patient has had previous cervical epidural steroid injections, with reported more than 50% improvement lasting more than 6-8 weeks. The patient presents with persistent neck pain with findings of sensory deficits in the C6-7 distribution. Previous epidural steroid injections provided significant benefit. Previous utilization review determination, dated January 14, 2014, has already certified this request for C6-7. Therefore, the request for cervical epidural steroid injection is not medically necessary.

Lumbar epidural steroid injection (LESI): 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): 46.

Decision rationale: As stated on page 46 of California MTUS Chronic Pain Medical Treatment Guidelines, there is no support for epidural injections in the absence of objective radiculopathy. Criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology and conservative treatment. Repeat blocks should only be offered if there is at least 50% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. This patient has had previous lumbar epidural steroid injection in 2007. However, there is no documentation regarding the benefits derived from this procedure. Although the patient presents with findings consistent with lumbar radiculopathy and may benefit from lumbar epidural steroid injection, the requested spinal level to which the injection is intended for is not specified. Therefore, the request for lumbar epidural steroid injection (LESI) was not medically necessary.

Prescription of Norco 10/325mg, #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (For Chronic Pain) Page(s): 74-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; On-Going Management Page(s): 78-82.

Decision rationale: As noted on pages 78-82 of the California MTUS Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Hydrocodone has a recommended maximum dose of 60mg/24hours. The patient has been on this medication since at least December 2012. The patient has increased intake of this medication from 6 to 8 tablets per day. With medications, the pain decreased from about 7/10 to 5/10. The patient reports ability to stay active and functional with this medication. However, there is no documentation of periodic urine drug screens to monitor medication use. Also, the requested amount exceeds guideline recommendations regarding the maximum dose. Therefore, the request for Norco 10/325mg #240 was not medically necessary.

Prescription of Cyclobenzaprine HCL 10mg, #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) -Going Management Page(s): 41-42.

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines state that Cyclobenzaprine is a skeletal muscle relaxant and a CNS depressant that is recommended as a short-course therapy. The effect is greatest in the first 4 days of treatment. Patient has been on this medication since December 2013. Although the patient presents with worsening of low back pain and muscle spasms and cramping, this medication is not recommended for long-term therapy. Also, there is no support for the request for additional refills. Therefore, the request for Cyclobenzaprine HCl 10mg #90 with 2 refills was not medically necessary.