

Case Number:	CM14-0009970		
Date Assigned:	02/28/2014	Date of Injury:	05/16/2012
Decision Date:	07/22/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	01/24/2014

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 61-year-old male who has filed a claim for cervical sprain/strain associated with an industrial injury date of May 16, 2012. Review of progress notes indicates increasing neck pain radiating to bilateral upper extremities, more on the right; right wrist pain with numbness of the second, third, fourth, and fifth digits. Findings include tenderness of the cervical region with trigger points; slightly decreased cervical range of motion; decreased sensation along the lateral arm and forearm, and the third, fourth, and fifth digits bilaterally; and decreased grip strength bilaterally. There is positive Tinel's on the right wrist. Electrodiagnostic study of the upper extremities dated October 03, 2013 showed moderate right cubital tunnel syndrome, chronic denervation of the right 1st dorsal interosseous, and axonal neuropathy of the median nerves exclusively affecting sensory fibers, and possible impingement at the C6 and C7 roots on the left. Cervical MRI dated December 11, 2012 showed degenerative dehiscence of the nucleus pulposus at C4-5. Treatment to date has included NSAIDs, opioids, muscle relaxants, topical analgesics, trigger point injections, left carpal tunnel release in June 2013, and arthroscopic surgery. Utilization review from January 20, 2014 denied the requests for fluoroscopically diagnostic cervical epidural steroid injection C5-6 midlines (x2) as clinical presentation does not meet the criteria for diagnostic cervical epidural steroid injection; retrospective trigger point injections x4 (DOS: 10/15/13) as there was no documentation of twitch response; retrospective Anaprox 550mg #120 as there is no documentation of benefit derived; retrospective Fexmid 7.5mg #120 as this is not recommended for long-term use; and retrospective Colace 100mg #100 as there is no documentation of constipation and of how often the patient uses this medication. There is modified certification for Vicodin 5/500mg for #60 as there is no documentation of the functional benefits derived from this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLUOROSCOPICALLY DIAGNOSTIC CERVICAL EPIDURAL STEROID INJECTION C5-6 MIDLINES (X2): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back chapter, Epidural steroid injection (ESI).

Decision rationale: As noted on page 46 of the Chronic Pain Medical Treatment Guidelines, epidural steroid injections are recommended in patients with radicular pain that has been unresponsive to initial conservative treatment. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Furthermore, repeat blocks should only be offered if at least 50% pain relief with associated reduction of medication use for six to eight weeks was observed following previous injection. There is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. According to ODG, diagnostic epidural steroid injections are used to determine the level of radicular pain, in cases where diagnostic imaging is ambiguous, such as when the signs and symptoms differ from that found on imaging studies, multilevel nerve root compression is present, and in patients with previous spinal surgery. In this case, the documentation does not indicate the distribution of radicular symptoms. Examination findings show decreased sensation along the lateral arm and forearm, and third to fifth fingers bilaterally; and decreased grip strength bilaterally. MRI from December 2012 showed degenerative dehiscence of the nucleus pulposus at C4-5. However, there is no indication for two diagnostic cervical epidural injections. Therefore, the request for cervical epidural steroid injection C5-6 midlines x2 was not medically necessary.

PRILOSEC 20MG, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: According to page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are used in patients on NSAID therapy who are at risk for GI events. Risk factors includes age > 65; history of peptic ulcer, GI bleed, or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; and high dose or multiple NSAID use. Use of PPI > 1 year has been shown to increase the risk of hip fracture. Patient has been on this medication since at least July 2013. In this case, there is no documentation regarding upper GI

symptoms or the abovementioned risk factors in this patient. Therefore, the request for Prilosec 20mg #120 was not medically necessary.

RETROSPECTIVE TRIGGER POINT INJECTIONS (X4) (DOS: 10/15/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back chapter, Epidural steroid injections (ESI).

Decision rationale: CA MTUS criteria for trigger point injections include chronic low back or neck pain with myofascial pain syndrome. There should be circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms for more than three months; failure of medical management therapies; absence of radiculopathy; and no more than 3-4 injections per session. Additionally, repeat injections are not recommended unless greater than 50% pain relief has been obtained for six weeks following previous injections, including functional improvement. Progress note dated October 15, 2013 notes presence of trigger points in the cervical region. However, there is no documentation of twitch response or referred pain. Also, the patient had previous trigger point injections with 50% relief for four weeks only. Therefore, the retrospective request for trigger point injections x 4 was not medically necessary.

RETROSPECTIVE MEDICATION: ANAPROX 550MG, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (nonsteroidal anti-inflammatory drugs) Page(s): 67-69.

Decision rationale: As stated on pages 67-69 of the California MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and there is no evidence of long-term effectiveness for pain or function. Patient has been on this medication since at least July 2013. However, there is no documentation regarding symptomatic improvement or objective functional benefits derived from this medication. Therefore, the retrospective request for Anaprox 550mg #120 was not medically necessary.

RETROSPECTIVE MEDICATION: FEXMID 7.5MG, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: CA 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 July 2013. There is no documentation regarding acute exacerbation of pain symptoms. Also, this medication is not recommended for long-term use. Therefore, the retrospective request for Fexmid 7.5mg #120 was not medically necessary.

RETROSPECTIVE MEDICATION: COLACE 100MG, #100: 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 based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Docusate).

Decision rationale: According to page 77 of CA MTUS Chronic Pain Medical Treatment Guidelines, prophylactic treatment of constipation should be initiated. The FDA states that Sodium Docusate is indicated for the short-term treatment of constipation; for prophylaxis in patients who should not strain during defecation; to evacuate the colon for rectal and bowel examinations; and for prevention of dry, hard stools. Patient has been on this medication since September 2013. This patient takes Vicodin 5/500mg 1 tablet daily as needed. There is no documentation as to how often the patient takes Vicodin. Additional information is necessary at this time to support this request. Therefore, the retrospective request for Colace 100mg #100 was not medically necessary.

VICODIN 5/500MG, #120: 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): 78-82.

Decision rationale: As noted on page 78-82 of the CA 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. Patient has been on this medication since at least July 2013. However, there is no documentation regarding symptomatic improvement or objective functional benefits derived from this medication, and of periodic urine drug screens to monitor medication use. Therefore, the request for Vicodin 5/500mg #120 was not medically necessary.