MAXIMUS Federal Services

Case Number:	CM14-0100435		
Date Assigned:	09/24/2014	Date of Injury:	02/02/2001
Decision Date:	10/24/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/30/2014

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 Family 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:

This is a 65-year-old female who reported an industrial injury to the neck on 2/2/2001, over 13 years ago, attributed to the performance of her usual and customary job tasks reported as lifting a bed and jerking her neck while working at a client's home. The patient continues to complain of chronic neck pain. The patient reported occasional headaches; pain to the left shoulder radiating to her left elbow; right shoulder pain radiating to the right arm and thumb; and depression. The objective findings on examination included spinous processes tenderness with palpation to the cervical spine; paraspinal muscle tenderness; diminished range of motion to the cervical spine; Spurling's maneuver negative for radicular pain; normal affect. The diagnosis was s/p C5-C6 anterior cervical discectomy with fusion chronic postoperative pain to the cervical spine; displacement of cervical intervertebral disc without myelopathy; neuritis or radiculitis; and dysphasia. The treatment plan included a left sided C3-C4 ESI; Senna #30; and Metaxalone 800 mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient cervical epidural steroid injection at the left C3-4: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300; 179-80; 174-175,Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section neck and upper back chapter epidural steroid injections

Decision rationale: The request for the cervical spine ESI is inconsistent with the recommendations of evidence-based guidelines, as the patient is not documented to have objective findings consistent with an acute nerve impingement radiculopathy. There are no recommendations for a cervical ESI as for degenerative disc disease. The MRI of the cervical spine does not demonstrate a nerve impingement radiculopathy. There is no electrodiagnostic evidence of a progressive radiculopathy. There are no documented neurological deficits that are progressive on physical examination.There was no objective evidence provided by the requesting provider to support the medical necessity of the requested cervical epidural injection for the treatment of chronic neck and UE pain or the stated subjective radiculopathy s/p cervical spine fusion at C5-C6. There were no documented objective findings consistent with a radiculopathy on physical examination as the neurological status of the patient was intact. The patient was not reported to have documented specific neurological deficits over a dermatome distribution. The patient does not meet the criteria recommended by the CA MTUS for cervical ESIs as the treatment is directed to cervical spine for DDD s/p fusion. The use of cervical ESIs for chronic cervical pain or for cervical spine DDD s/p fusion is not recommended by evidence-based guidelines. There is no impending surgical intervention being contemplated and the patient has requested conservative treatment. The patient is noted to be 13 years status postdate of injury with no contemplated surgical intervention for the cervical spine.The provider did not provide sufficient clinical documentation in the form of subjective/ objective findings on physical examination to support the medical necessity of the prescribed Cervical ESIs in relation to the reported industrial injury. The ACOEM Guidelines state that Cervical ESIs are of "uncertain benefit" and should be reserved for those patients attempting to avoid surgical intervention to the cervical spine. The Official Disability Guidelines state that there is insufficient evidence to treat cervical radiculopathy pain with ESIs. There is no objective evidence provided to support the medical necessity of the requested cervical ESI.The American Academy of Neurology states that there is insufficient objective evidence to recommend Cervical ESIs for the treatment of cervical radiculopathies. The CA MTUS and the Official Disability Guidelines recommend that a cervical radiculopathy must be documented by physical examination and corroborated by imaging studies and/or Electrodiagnostic testing in order to consider an ESI. The objective findings on physical examination did not demonstrate a cervical radiculopathy or any ongoing neurological deficits with any specificity over the global dermatological areas. There were no demonstrated neurological deficits such as sensory or motor loss over a dermatomal distribution. There was only documentation of a possible subjective radiculopathy to the RUE as there were no definite progressive neurological deficits documented. The provided clinical documentation with the stated objective findings on physical examination do not meet the criteria recommended by the ACOEM Guidelines or the CA MTUS for the use of cervical ESIs. The documentation and objective evidence submitted does not meet the threshold recommended by the CA MTUS for the provision of a cervical ESI for the treatment of a cervical radiculopathy. The CA MTUS and the Official Disability Guidelines recommend that ESIs are utilized only in defined radiculopathies and a maximum of two cervical diagnostic ESIs and a limited number of therapeutic cervical ESIs are recommended in order for the patient to take advantage of the window of relief to establish an appropriate self-directed home exercise program for conditioning and strengthening. The criteria for a second diagnostic ESI is that the claimant obtain at least 30% relief from the prior appropriately placed ESI. The therapeutic cervical ESIs are only recommended, "If the patient obtains 50-70% pain relief for at least 6-8 weeks." Additional blocks may be required; however, the consensus recommendation is for no more than four (4) blocks per region per year.

The indications for repeat blocks include "acute exacerbations of pain or new onset of symptoms." Although epidural injection of steroids may afford short-term improvement in the pain and sensory deficits in patients with radiculopathy due to herniated nucleus pulpous, this treatment, per the guidelines, seems to offer no significant long-term functional benefit, and the number of injections should be limited to two, and only as an option for short-term relief of radicular pain after failure of conservative treatment and as a means of avoiding surgery and facilitating return to activity. The provided clinical evidence from the literature all suggests that ESIs are alternatives for surgical intervention and for the treatment of lumbar radiculopathy. They all agree that the beneficial results are transitory and short-term. None of the cases provided in literature listings addresses the long-term continued use of this treatment modality when radicular signs are unsupported by clinical imaging or Electrodiagnostic studies. There is no demonstrated medical necessity for the requested cervical spine ESI at left C3-C4.

Pharmacy purchase of Senna/stool softner 8.6mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-82. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter opioids, ACOEM Practice Guidelines, Chapter 6 pages 114-16

Decision rationale: The prescription of Senna is medically necessary only if the patient has constipation as a side effect of the prescribed opioid medications. The patient is not demonstrated to have constipation as a side effect of opioid analgesics. The patient is prescribed a stool softener. There is no discussion that the patient was counseled as to diet or activity in regards to the fact she has constipation. The use of Senna stool softener was provided prior to any evaluation of the symptoms or conservative treatment with diet and exercise. The use of Senna is demonstrated to be medically necessary with the use of opioids; however, if the opioid analgesics were to be titrated down and off, which would relieve the cited constipation due to opioids. Senna is not medically necessary for the treatment of constipation per month over the available diet, exercise, and OTC remedies. The provider prescribed opioids that may lead to constipation for which Senna was prescribed; however, it was prescribed as a first line treatment instead of the recommended conservative treatment with fiber and diet prior to prescriptions. Therefore, the request is not medically necessary.

Pharmacy purchase of Metaxalone 800mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines muscle relaxants for pain; muscle relaxant Page(s): 63-64; 128. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter-medications for chronic pain; muscle relaxants; cyclobenzaprine

Decision rationale: The prescription for Skelaxin/Metaxalone 800 mg #90 is recommended for the short-term treatment of muscle spasms and not for the long-term treatment of chronic pain. The patient has been prescribed muscle relaxers on a long-term basis contrary to the recommendations of the CA MTUS. The patient is prescribed muscle relaxers on a routine basis for chronic pain. The muscle relaxers are directed to the relief of muscle spasms. The chronic use of muscle

relaxants is not recommended by the CA MTUS, the ACOEM Guidelines, or the Official Disability Guidelines for the treatment of chronic pain. The use of muscle relaxants are recommended to be prescribed only briefly in a short course of therapy. There is no medical necessity demonstrated for the use of muscle relaxants for more than the initial short-term treatment of muscle spasms. There is no objective evidence provided that the currently prescribed Skelaxin is medically necessary to be taken prn based on the lack of spasms and the fact it is directed to chronic pain issues. There is no demonstrated medical necessity for the continued use of muscle relaxers. There is no demonstrated medical necessity for the prescription of muscle relaxers on a routine basis for chronic neck pain. The Skelaxin was used as an adjunct treatment for muscle and there is demonstrated medical necessity for the Skelaxin for the cited industrial injury. The continued prescription of a muscle relaxant was not consistent with the evidence-based guidelines. The California MTUS states that Skelaxin is recommended for a short course of therapy. Limited, mixed evidence does not allow for a recommendation for chronic use. Skelaxin is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants. Evidence-based guidelines state that this medication is not recommended to be used for longer than 2 to 3 weeks. There is no demonstrated medical necessity for the prescription of Skelaxin/Metaxalone 800 mg #90.

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