MAXIMUS Federal Services

Case Number:	CM14-0103144		
Date Assigned:	08/01/2014	Date of Injury:	03/03/2004
Decision Date:	10/31/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	07/03/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 injured worker is a 58-year-old female who reported injury on 03/03/2004. The mechanism of injury was not provided. Other therapies included an epidural steroid injection in the lumbar spine and cervical spine, acupuncture, a brace and chiropractic care. The diagnostic studies included an MRI of the cervical spine. The injured worker's most recent cervical epidural steroid injection was dated 01/22/2014. Surgical history included a discectomy at L4-5 in 2000 and 1994. Other surgeries were noncontributory. The documentation of 04/29/2014 revealed the injured worker had no side effects from the medications. The injured worker had neck pain. The injured worker's discomfort in the cervical spine had increased since the last visit. The injured worker was noted to have trialed an orthotic brace for pain relief and had good temporary benefit. The injured worker was in the office for a medication refill. The injured worker's medications included Norco 10/325 mg 1 tablet every 4 to 6 hours as needed, Tramadol 100 mg tablets extended release 1 at bedtime, and ibuprofen. The diagnoses included cervicalgia, lumber sprain, thoracic sprain, and patient visit for long term use of other drugs. The medications prescribed included Norco 10/325 mg 1 tablet every 4 to 6 hours as needed #140, Tramadol 100 mg tablets 1 at bedtime #28, and Valium 5 mg 1 tablet 1 hour prior to procedure may repeat x 2 #3 tablets. The treatment plan included the injured worker had a cervical epidural steroid injection reporting 25% ongoing relief up to 2 weeks post procedure and as such the request was made for a repeat epidural steroid injection, with Valium pre-procedure. The request was made for an inflatable cervical collar. The injured worker's medication history included opiates since late 2013. There was no rationale submitted for review for the use of Norco or Tramadol. There was no rationale for the inflatable cervical collar. There was no request for authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, Page(s): 60, 78.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior. There was a lack of documentation of objective functional improvement, and an objective decrease in pain. Documentation indicated the injured worker had no side effects. The duration of use was since at least late 2013. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Norco 10/325 mg #60 is not medically necessary.

Tramadol #28: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol - Central Acting Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic, ongoing management Page(s): 60, 78.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker was utilizing this classification of medication since at least 2013. There was a lack of documentation of objective functional benefit and an objective decrease in pain. There was documentation the injured worker was being monitored for aberrant drug behavior and side effects. The request as submitted failed to indicate the frequency and the strength for the requested medication. Given the above, the request for Tramadol #28 is not medically necessary.

Repeat Cervical Epidural Steroid Injection with Fluoroscopic Guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Outpatient Epidural Steroid Injection

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

Decision rationale: The California MTUS Guidelines recommend repeat epidural steroid injections when there is documentation of 50% or greater pain relief for 6 to 8 weeks with associated medication reduction for 6 to 8 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had 25% pain relief for 2 weeks post procedure from 01/2014. There was a lack of documentation of at least 50% pain reduction as well as associated medication reduction for 6 to 8 weeks. There was a lack of documentation of objective functional benefit. The request as submitted failed to indicate the level and laterality for the epidural steroid injection. Given the above, the request for repeat Cervical Epidural Steroid Injection with Fluoroscopic Guidance is not medically necessary.

Valium: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The California MTUS Guidelines do not recommend the use of benzodiazepines as treatment for injured workers with chronic pain for longer than 4 weeks due to the high risk of psychological and physiologic dependence. The clinical documentation submitted for review indicated the rationale was for the injured worker to take the medication prior to the procedure. The procedure was found to be not medically necessary. As such the request for Valium would not be necessary. Additionally the request as submitted failed to indicate the frequency, strength and quantity of Valium being requested. Given the above, the request for Valium is not medically necessary.

Inflatable Cervical Collar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Neck Collars (Cervical)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

Decision rationale: The American College of Occupational and Environmental Medicine indicate that cervical collars have not been shown to have any lasting benefit except for comfort in the first few days of the clinical course. Weakness may result from prolonged use and will contribute to debilitation. There was a lack of documented rationale for the request. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline

recommendations. Given the above, the request for Inflatable Cervical Collar is not medically necessary.