

Case Number:	CM14-0103907		
Date Assigned:	07/30/2014	Date of Injury:	12/02/2003
Decision Date:	09/24/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/07/2014

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 Interventional Spine, 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 43 years old male with an injury date on 12/02/2003. Based on the 06/02/2014 progress report provided by [REDACTED], the diagnoses are: 1.Cervical spine sprain/strain syndrome 2.Cervical discogenic pain 3.Status post cervical fusion, residual pain 4.Cervical radiculopathy 5.Headaches 6.Thoracic spine sprain/strain syndrome 7.Right shoulder post subacromial decompression 8.Right shoulder postsurgical change of acromioclavicular joint with mild rotator cuff 9.Right shoulder sprain/strain syndrome 10.Multiple disc bulges, lumbar spine 11.Disc degeneration, lumbar spine 12.Lumbar radiculopathy bilateral 13.Sacroccygeal pain 14.Plantar fasciitis right foot 15.Sexual dysfunction 16.Depression and anxiety 17.Reflex sympathetic dystrophy right upper extremity 18.Face and jaw pain possible TMJ from clenching and grinding of his teeth 19.Insomnia 20.GI upset 21.Tremble movement I of his bilateral upper extremities and bilaterally upper extremities edema. According to this report, the patient complains of headaches, neck pain, shoulder pain that radiates to the bilateral upper extremities. The patient also complains of low back that radiates the buttocks and lower extremities. "Pain is worsening," the patient rated the pain as a 10/10. Prolong standing, sitting or driving worsen the pain. The patient has had 2 previous ESI at C3-C4 and C4-C5. The first ESI was on 11/16/2012 and the second ESI was on 01/18/2013 with "approximately 55-60% alleviation." MRI of the cervical spine on 06/28/2011 indicates C3-C4 post fusion status with previous 3 mm diffuse disc herniation resected; C4-C5 disc dessication with normal disc height, no change in 1mm retrolisthesis of C4 in relation to C5, mild increase in diffuse disc bulge from 1 to 2mm on prior study to currently mm with right neural foraminal narrowing. There were no other significant findings noted on this report. The utilization review denied the request on 06/27/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 07/25/2013 to 07/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 60mg #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; CRITERIA FOR USE OF OPIOIDS ; Opioids for chronic pain Page(s): 60-61; 88-89; 80-81.

Decision rationale: According to the 06/02/2014 report by [REDACTED] this patient presents with headaches, neck pain, and shoulder pain that radiates to the bilateral upper extremities. The patient also complains of low back that radiates the buttocks and lower extremities. The treater is requesting MS Contin 60 mg #90 with 2 refills. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of reports show no mentions of MS Contin and it is unknown exactly when the patient initially started taking this medication. In this case, the report shows documentation of pain assessment using a numerical scale describing the patient's pain and some ADL's are discussed. UDSs were provided in the file for review. However, no outcome measures are provided; No aberrant drug seeking behavior is discussed, and no discussion regarding side effects. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in MTUS Guidelines. Recommendation is for denial.

C3-C4 and C4-C5 cervical epidural injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46-47.

Decision rationale: According to the 06/02/2014 report by [REDACTED] this patient presents with headaches, neck pain, and shoulder pain that radiates to the bilateral upper extremities. The patient also complains of low back that radiates the buttocks and lower extremities. The treater is requesting a repeat C3-C4 and C4-C5 cervical epidural injection. Regarding ESI, MTUS guidelines states "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." For repeat injections MTUS requires "continued objective documented pain and functional improvement, including at least 50% pain

relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year." Review of the reports show that the patient has had 2 previous ESI in the past. The first ESI was on 11/16/2012 and the second ESI was on 01/18/2013 with "approximately 55-60% alleviation." MRI report on 06/28/2011 shows C3-C4 3mm diffuses disc herniation and C4-C5 3mm disc bulge with right neural foraminal narrowing. However, there are no documentation of functional improvement and medication reduction. The patient also does not present with dermatomal distribution of pain. Examination does not point to radiculopathy either. Recommendation is for denial.

Urine drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: According to the 06/02/2014 report by [REDACTED] this patient presents with headaches, neck pain, and shoulder pain that radiates to the bilateral upper extremities. The patient also complains of low back that radiates the buttocks and lower extremities. The treater is requesting a urine drug screen. While MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines provide clearer recommendation. It recommends a once a year urine screen following initial screening within the first 6 months for management of chronic opiate use in a low risk patient. In this case, medical records indicate the patient has had a recent UDS on 05/06/2014. Given that the patient has had a recent UDS within a month or so, the requested for another UDS is not recommended. Recommendation is for denial.

Detox center: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Detoxification; Rapid detox Page(s): 42; 102-103.

Decision rationale: According to the 06/02/2014 report by [REDACTED] this patient presents with headaches, neck pain, and shoulder pain that radiates to the bilateral upper extremities. The patient also complains of low back that radiates the buttocks and lower extremities. The request is for "detox center." The MTUS Guidelines page 42 recommend detoxification for intolerable side effects, lack of response, aberrant drug behaviors with dependence, refractory comorbid psychiatric illness or lack of functional improvement. ODG further states for length hospital stay, best practice target with no complication is 4 days. In this case, the treater's request for detox center is reasonable but the request does not define duration, whether or not it's outpatient/inpatient. Without a time-duration, an open ended request cannot be considered. ODG

does not allow much more than 4 days of in-patient. Out-patient request for detox would appear reasonable. Recommendation is for denial of the requested "detox center," due to ambiguity.

Three pain management follow up visits for three months: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, 4/27/2007 page 56.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8.

Decision rationale: According to the 06/02/2014 report by [REDACTED] this patient presents with headaches, neck pain, and shoulder pain that radiates to the bilateral upper extremities. The patient also complains of low back that radiates the buttocks and lower extremities. The treater is requesting 3 pain management follow up visits for three months. The utilization review has warranted 1 follow up visit for pain management. Regarding treatments sessions, MTUS guidelines page 8 states that the treater must monitor the patient and provide appropriate treatment recommendations. In this case, 1 follow up visit for pain management has been authorized via utilization review. The patient presents with chronic pain and will require regular visitations for a while. Recommendation is for authorization.