

Case Number:	CM14-0016959		
Date Assigned:	03/07/2014	Date of Injury:	11/06/2008
Decision Date:	04/23/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	02/10/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 40-year-old female who reported an injury on 11/06/2008. The mechanism of injury was not provided for review. The patient ultimately developed chronic low back pain. The patient's chronic pain was managed with multiple medications. The patient underwent a lumbar facet joint block of the L5 and the S1, L4-5, L3-4, and L2-3 levels in 04/2013. The patient received approximately 25% relief from this treatment modality. The patient's most recent clinical documentation indicated that the patient underwent a cervical epidural steroid injection in 12/2013. It was noted that the patient had been provided at least 50% pain relief for approximately 10 days. Physical findings included improvement in cervical range of motion and right shoulder, with tenderness to palpation of the shoulder and arm, and sensory changes in the C5, C6, and C7 dermatomes. The patient's diagnoses included lumbar strain/sprain, lumbar facet syndrome, lumbosacral radiculopathy, chronic pain, shoulder pain, and neck pain. The patient's treatment plan included an additional epidural steroid injection at the right C5 and C6 levels, and continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

2ND SELECTIVE EPI BLOCK CERVICAL SPINE: 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL CORTICOSTEROID INJECTIONS Page(s): 56.

Decision rationale: The requested second selective epidural steroid injection block of the cervical spine is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends repeat injections for patients who have received at least 50% pain relief for approximately 6 to 8 weeks, with documented functional improvement as a result of the initial injection. The clinical documentation submitted for review does indicate that the patient has had approximately 50% pain relief for 10 days. Since the patient has only had 10 days of pain relief, they would not meet the criteria for an additional injection. Also, the clinical documentation submitted for review does not provide any evidence of functional increases resulting from the initial injection. Additionally, the request as it is written does not specifically identify at what level the injection will be administered. Therefore, the appropriateness of this request cannot be determined. As such, the second selective epidural steroid injection block of the cervical spine is not medically necessary or appropriate.

CYCLOBENZAPRINE 7.5MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63.

Decision rationale: The requested cyclobenzaprine 7.5 mg #90 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the use of cyclobenzaprine for patients who have moderate to severe chronic pain and muscle spasming. The clinical documentation submitted for review does provide evidence that the patient has moderate to severe muscle pain that may benefit from this medication. However, the patient has been taking this medication since at least 10/2013. It is noted that this medication caused excessive fatigue. Therefore, continued use would not be supported. As such, the requested cyclobenzaprine 7.5 mg #90 is not medically necessary or appropriate.

PANTOPRAZOLE 20MG #30: 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: The requested pantoprazole 20 mg #30 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends gastrointestinal protectants for patients who are at risk for gastrointestinal events related to medication usage. The clinical documentation submitted for review does not provide an ongoing assessment of the

patient's gastrointestinal system to support that they are at continued risk for development of gastrointestinal disturbances resulting from medication usage. As such, the continued use of pantoprazole 20 mg #30 is not medically necessary or appropriate.