

Case Number:	CM14-0116251		
Date Assigned:	08/04/2014	Date of Injury:	07/16/2001
Decision Date:	09/24/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/23/2014

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 Internal 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 an injured worker with the diagnoses of post laminectomy syndrome, status post implant morphine pump, cervical radiculitis, and C6-7 HNP herniated nucleus pulposus with impingement. Date of injury was 7/16/2001. Mechanism of injury was assault. Treating physician's progress report dated 05/28/14 documented subjective complaints of increasing low back pain. Patient is status post intrathecal pump with moderate relief. Her sleep is improved through the night, and states her pain level has gone from an 8/10 to a 4/10 with the pump. Patient is very pleased with the results. Pain is starting to increase. She complains of left cervical radicular symptoms C7 distribution to hand and difficulty grasping. She has increased pain. Patient complains of cervical pain, and bilateral hip pain. The patient is status post cervical epidural injection on 10/7/13 with 50% reduction in neck and 75% in left arm symptoms. Objective findings noted that the patient was awake, alert and oriented, and ambulates with antalgic slow. Cervical spine demonstrated decreased lordosis, sensation is decreased in left arm at C6 to hand, positive Spurling, decreased grip left hand. MRI C6-7 (3.2mm) with nerve root impingement. U/A 10/2013 were consistent. CURES 08/2013 were consistent. Diagnoses were post laminectomy syndrome, status post implant morphine pump, cervical radiculitis, and C6-7 HNP herniated nucleus pulposus with impingement. Treatment plan included C6-7 epidural steroid injection under fluoroscopic guidance, increase pump from 10.5 mg to 12 mg/day, change pump medication to 30 mg/mL on next visit, and continue home exercise program. The medications Prilosec, Zanaflex, Lidoderm patch, Neurontin, Norco 10/325 mg q4 hrs prn #180 for breakthrough pain, and Ibuprofen 800 mg bid were continued. Progress reports dated 05/28/14, 3/19/14, 2/5/14, 12/18/13, and 10/30/13 documented prescriptions for Norco and Ibuprofen 800 mg. Operative report dated 2/17/14 documented the performance of C6-C7

epidural local anesthetic and steroid injection for the diagnosis of cervical radiculopathy. Utilization review determination date was 7/2/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg QTY: 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, gastrointestinal symptoms and cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular Page(s): 68-69.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address NSAIDs and gastrointestinal risk factors. Proton Pump Inhibitor (PPI), e.g. Omeprazole (Prilosec), is recommended for patients with gastrointestinal risk factors. Progress reports dated 05/28/14, 3/19/14, 2/5/14, 12/18/13, and 10/30/13 documented prescriptions for Ibuprofen 800 mg. Prescription strength (NSAID) is a gastrointestinal risk factor. MTUS guidelines support the use of a proton pump inhibitor such as Prilosec in patients with gastrointestinal risk factors. Medical records and MTUS guidelines support the medical necessity of Prilosec. Therefore, the request for Prilosec 20mg QTY: 60 is medically necessary.

Lidoderm patch 5% QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch), Topical Analgesics Page(s): 56-57, 111-112.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that Lidoderm is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend Lidoderm for chronic neuropathic pain disorders other than post-herpetic neuralgia. Lidoderm (Lidocaine patch 5%) is not recommended for non-neuropathic pain. Medical records do not document a diagnosis of post-herpetic neuralgia. Per MTUS guidelines, Lidoderm is only FDA approved for post-herpetic neuralgia, and is not recommended for other chronic neuropathic pain disorders or non-neuropathic pain. Medical records and MTUS guidelines do not support the medical necessity of Lidoderm patch. Therefore, the request for Lidoderm patches 5% QTY: 60 are not medically necessary.

Norco 10/325mg QTY: 180: Overturned

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): 74-96.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 89) present the strategy for maintenance for long-term users of opioids. "Do not attempt to lower the dose if it is working." Supplemental doses of breakthrough medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Medical records document the diagnoses of post laminectomy syndrome, status post implant morphine pump, cervical radiculitis, and C6-7 HNP herniated nucleus pulposus with impingement. MRI demonstrated C6-7 abnormalities with nerve root impingement. Urinalysis 10/2013 was consistent. CURES 08/2013 were consistent. Progress reports dated 05/28/14, 3/19/14, 2/5/14, 12/18/13, and 10/30/13 documented prescriptions for Norco. Regular clinic visits are documented. Analgesia with opioid medication is documented. The progress report dated 05/28/14 documented a prescription for Norco 10/325 mg q4 hrs prn #180 for breakthrough pain which is a one month supply. Medical records document stable use of opioid medications and evidence of significant pathology. Medical records support the maintenance of the Norco 10/325 mg prescription. Therefore, the request for Norco 10/325mg QTY: 180 is medically necessary.

C6-7 (Cervical 6-7) right epidural steroid injection QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175, 181-183.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses epidural steroid injection (ESI). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints states that cervical epidural corticosteroid injections are of uncertain benefit and should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. MTUS Chronic Pain Medical Treatment Guidelines (Page 46) addresses epidural steroid injections (ESI). There is little information on improved function. The American Academy of Neurology concluded that there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. ESI treatment alone offers no significant long-term functional benefit. Most current guidelines recommend no more than 2 ESI injections. Research has shown that, on average, less than two injections are required for a successful ESI outcome. Current recommendations suggest a second epidural injection if partial success is produced with the first injection and a third ESI is rarely recommended. Current research does not support a "series-of-three" injection in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. Medical records document that the patient had a cervical epidural injection on 10/7/13 with 50% reduction in neck and 75% in left arm symptoms. Operative report dated 2/17/14 documented the performance of a second C6-C7 epidural local anesthetic and steroid

injection. Subsequent progress reports dated 3/19/14 and 5/28/14 did not document improvement with the second epidural steroid injections. The request is for a third cervical epidural steroid injection. MTUS guidelines recommend no more than 2 ESI injections. Progress reports dated 3/19/14 and 5/28/14 did not report improvement with the second ESI procedure. Therefore the medical records and MTUS guidelines do not support a third cervical epidural steroid injection. Therefore, the request for C6-7 (Cervical 6-7) right epidural steroid injection is not medically necessary.