

Case Number:	CM14-0124252		
Date Assigned:	08/08/2014	Date of Injury:	11/22/2011
Decision Date:	09/12/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/06/2014

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 & 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 48-year-old male with a date of injury of 11/22/2011. The diagnoses are: bilateral wrist pain, chronic knee pain with osteoarthritis, chronic left knee pain, bilateral feet and ankle pain, lumbar degenerative disk disease with right lumbar radiculitis, neck pain and right shoulder pain. According to the progress report 07/10/2014, the patient presents with low back, neck, wrist, and bilateral knee pain. The treater states the patient is trying to take as little medication as possible. He is able to do more around the house and help his wife at cleaning and cooking with his current medication regimen. He takes Cymbalta to help with his depression from chronic pain and neuropathic pain. He is taking Percocet for breakthrough pain, ibuprofen for inflammation, Gabapentin for neuropathic pain, and Omeprazole for GI upset caused by Percocet and Cymbalta. He also takes Exalgo for his chronic pain but is having a difficult time getting them refilled. The patient rates his pain as 9/10 in intensity without medication and 7/10 with medication. Examination of the cervical spine revealed 5/5 bilateral upper extremity strength. Sensation is intact but decreased in the left hand. There is tenderness over the cervical paraspinals and facet joints. Cervical spine range of motion is decreased on all planes. An MRI of the cervical spine from 07/01/2014 revealed C3-C4 minimal spondylosis is present. Left-sided bone spurring and disk complex and impinges on the central canal and left forearm. C4-C5: 1 to 2 mm central disk bulge. C5-C6: 2-mm disk bulge. C6-C7: 4-mm disk protrusion which impinges on the thecal sac. The treater is requesting a refill of medication Exalgo 16 mg #15, Gabapentin 600 mg #90, Omeprazole 20 mg #60, and interlaminar CESI (cervical epidural steroid injection) at C6-C7 with fluoroscopic guidance and conscious sedation. Utilization review denied the request on 07/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical ESL AT C6-7 w/ Fluoroscopic Guidance and Conscious Sedation: 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 Epidural steroid injections Page(s): 46, 47.

Decision rationale: The MTUS Guidelines have the following regarding ESI under chronic pain section page 46 and 47, "recommended as an option for treatment of radicular pain defined as pain in dermatomal distribution with corroborative findings of radiculopathy." In this case, the patient presents with neck and shoulder pain and tenderness but no dermatomal distribution of pain is described. MRI showed spondylosis and a 4mm disc at C6-7, but the patient does not present with any radicular symptoms. Therefore, the request for an interlaminar cervical epidural steroid injection at levels C6-C7 with fluoroscopic guidance and conscious sedation is not medically necessary and appropriate.

Exalgo 16mg, Quantity 15 , 1 tablet prn in 24 hours for chronic pain: 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): 88-89, 78.

Decision rationale: The Utilization Review denied the request stating "there is no documentation of compliance with CA MTUS Opioid Recommended Guidelines, such as a current urine drug test. On page 78 of MTUS requires "Pain Assessment" that should include, "current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." In this case, review of progress reports from 03/03/2014 to 07/10/2014 indicates the patient is able to do more around the house including cleaning and cooking and the pain is decreased from a 9/10 in intensity to a 7/10 with medication. It is noted the patient is taking 1 Exalgo every 24 hours for his chronic pain. The medical file provided for review also includes multiple UDS from 2014 that indicates compliance with the medications prescribed. In this case, given patient's decrease in pain and specific functional improvement from taking this medication, The request for Exalgo 16 mg, 1 tablet every 24 hours for chronic pain, quantity 15 is medically necessary and appropriate.

Gabapentin 600mg, Quantity 90: 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 Gabapentin Page(s): 18, 19.

Decision rationale: The MTUS page 18 and 19 has the following regarding gabapentin, "Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered the first line treatment for neuropathic pain." The treater states Gabapentin was dispensed to "help with the increased neuropathic pain." The patient notes he feels that medications help control pain and help increase function. They help perform his ADLs including house chores like cooking and cleaning. The treater states there is no aberrant behavior and patient has signed an oUtilization review denied the request on 07/18/2014, but the rationale report was not included in the medical file. Review of the medical file indicates the patient has been taking this medication since at least 03/03/2014. The patient reports decrease in pain severity from 09/10 to a 7/10 from taking medications. Therefore, given the patient is receiving pain relief from the current medication regimen, the request is medically necessary and appropriate.

Omeprazole20MG #60: 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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: The MTUS recommends determining risk for GI events before prescribing prophylactic PPI or Omeprazole. GI risk factors include: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. The Treater states Omeprazole 20 mg is prescribed twice a day for "GI upset from NSAID use." The treater is prescribing this medication for GI protection; however, review of systems notes "patient denies stomach upset." Therefore, the request for Omeprazole 20mg, Quantity 60 is not medically necessary and appropriate.