

Case Number:	CM14-0125641		
Date Assigned:	08/20/2014	Date of Injury:	09/26/2007
Decision Date:	09/24/2014	UR Denial Date:	08/02/2014
Priority:	Standard	Application Received:	08/07/2014

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 Family 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 a 47-year-old male who has submitted a claim for cervical disc displacement associated with an industrial injury date of September 26, 2007. Medical records from 2012 through 2014 were reviewed, which showed that the patient complained of neck and upper extremity pain associated with weakness, numbness, radiation and tingling sensation of the left arm to the thumb. On examination, the patient was found to have decreased ROM in flexion, extension, lateral rotation and lateral bending with an increase in concordant pain in all planes. Motor strength was 4/5 in the left wrist, elbow and shoulder. There was moderately decreased grip strength in the left hand. There was allodynia with light pressure noted over the left thumb and 1st dorsal web space. There was also decreased sensation to light touch in the C6, 7 dermatomes of the left upper extremity. Official MRI results were not submitted in the medical records. Treatment to date has included epidural steroid injections and medications. The patient had 2 ESIs already (5/13/13 and unknown date) and reported a more than 50% benefit from the second ESI. He was started on Hydrocodone/APAP 10/325mg 1-2x a day on April 23, 2014. It was restarted on that date after it was discontinued in 2012 for undocumented side effects. Per the 7/28/14 progress report, the patient reported benefit from the use of Hydrocodone, using 1-2 per day with improved pain and function. Nevertheless, the patient continued to complain of 8-9 pain intensity with some flare ups. Last prescription of the medication was #120 on June 10, 2014. Utilization review from August 2, 2014 denied the request for Hydrocodone/APAP 10/325MG #120 and 1 cervical epidural steroid injection at C7-T1. The request for Hydrocodone/APAP was denied because the patient supposedly still had the medication during the time of his request. The request for cervical epidural steroid injection was denied because the records did not show reduction of medication use associated with the last ESI and the guidelines do not recommend more than 2 ESIs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 78-81.

Decision rationale: According to pages 78-81 of the MTUS Chronic Pain Guidelines, ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, the patient had been taking Hydrocodone/APAP 10/325 mg for pain since April 23, 2014. It is not clear whether the patient benefits from this medication. Although the first paragraph from the progress note dated July 28, 2014 mentioned that the patient benefits from the medication, the second paragraph stated that the pain was worse and the patient already had to wear a sling to prevent movement. Moreover, there is no documentation of the presence or absence of opioid side effects. The medical necessity for continued use is not established because the guideline criteria are not met. Therefore, the request for Norco 10/325 mg #120 is not medically necessary.

1 Cervical Epidural Steroid Injection C7-T1: Upheld

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

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

Decision rationale: As stated on page 46 of the MTUS Chronic Pain Guidelines, epidural steroid injections (ESI) are recommended as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 ESI injections. This is in contradiction to previous generally cited recommendations for a "series of three" ESIs. These early recommendations were primarily based on anecdotal evidence. Research has now 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. Even though the patient had more than 50% reduction in pain after the second ESI, there was no associated reduction in medication use. Moreover, the guidelines do not recommend third ESI. Lastly, there was no official radiographic imaging result to support the presence of nerve root compromise. Therefore, the request is not medically necessary.

