MAXIMUS Federal Services

Case Number:	CM14-0131987		
Date Assigned:	08/22/2014	Date of Injury:	03/12/2001
Decision Date:	10/10/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/18/2014

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 injured worker is a 56 year old female who has a date of injury of 03/12/01. The mechanism of injury is not documented. She currently receives treatment for cervical, lumbar, right shoulder, and bilateral knee complaints. She is noted to have persistent in the cervical spine, lumbar spine, right shoulder and bilateral knees. This is rated at 7-8/10. She is noted to be working on restricted. She reports that Norco controls her pain from 8/10 to 5-6/10. She reports that Ambien helps her sleep at night. On physical examination dated 07/10/14, she is noted to be well-developed and well-nourished. She has decreased cervical range of motion with tenderness to the paraspinals and trapezius muscles bilaterally. There was a positive Spurling's on the left. Cervical compression test was positive. Strength was graded at 5/5 bilaterally. Sensation was decreased and graded as 4/5 on the left and C5 and C6 distributions but normal at C7 and C8. Sensation on the right was intact. Deep tendon reflexes were 2+ at the brachioradialis and triceps. An examination of the lumbar spine range of motion was decreased bilaterally. Straight leg raise was positive on the right at 60 degrees to the posterior thigh and on the left at 70 degrees to the posterior thigh. There is decreased strength and sensation bilaterally at L4 and L5 but normal strength and sensation at S1 bilaterally. Reflexes were 2+ and symmetric. On examination of the bilateral knees, there was slightly decreased range of motion, right greater than left. Patella femoral grind, McMurray's, Valgus stress, and Varus stress test were positive. There was tenderness to the medial and lateral joint lines. Weight bearing radiographs of the bilateral knees are reported to indicate slight post-traumatic osteoarthritis on the right and the medial compartment osteoarthritis on the left. The record includes the utilization review determination in which request for consultation with pain management for cervical epidural steroid injections, Norco 10/325mg #120, and Ambien #30 were not supported as medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult/Treatment with pain management for Cervical Epidural Steroid Injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections:.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Page 127.

Decision rationale: The request for consult treatment with pain management for cervical epidural steroid injections is not supported as medically necessary. The submitted clinical records indicate that the injured worker is 13 years post date of injury. She is noted to have a positive Spurling's test to the left with decreased sensation on the left C5 and C6 distributions. Sensation was grossly intact and deep tendon reflexes are intact and symetric. There are equivocal findings of radiculopathy. The record does indicate that the injured worker has been referred for EMG/NCV prior to considering referral to pain management. As the physical exam findings are not wholey supported of an active radiculopathy, the request is not supported as medically necessary.

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-80.

Decision rationale: The request for Norco 10/325mg #120 is not supported as medically necessary. The clinical records indicate that the injured worker has complaints of pain in the cervical spine, lumbar spine, and right shoulder. She is chronically been maintained on opioids. The records as presented do not clearly clarify the nature and degree of pain relief achieved with this medication. The records do not document functional improvements in activities of daily living.

Ambien #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape 2009 and PDR 2009

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Zolpidem.

Decision rationale: The request for Ambien #30 is not supported as medically necessary. Per the Official Disability Guidelines, Ambien is recommended for the short-term treatment of insomnia. Per the Official Disability Guidelines, Ambien should be used for a perios of 1-3 weeks until the normalization of sleep and subsequently discontinued. The available clinical records indicate that the injured worker has chronically been maintaiened on this medication without clear evidence of functional improvement as the result of its use. As such, the medical necessity for the continuation of this medication is not established.