MAXIMUS Federal Services

Case Number:	CM14-0156718		
Date Assigned:	09/26/2014	Date of Injury:	02/20/2001
Decision Date:	10/27/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/24/2014

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 and Illinois. 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 46-year-old male who reported an injury on 02/20/2001. The mechanism of injury was not submitted for clinical review. The diagnoses included cervical degenerative disc, lumbar degenerative disc, cervical and lumbar intervertebral disc without myelopathy, thoracic/lumbar neuritis or radiculitis, spasms of the muscles. Previous treatments included medication, and cervical epidural steroid injections in 03/2013. The diagnostic testing included an MRI of the cervical spine, x-ray, MRI of the lumbar spine. Within the clinical note dated 08/19/2014, it was reported the injured worker complained of neck and low back pain. The injured worker complained of cervical spine pain with spasms, with right upper extremity radiculopathy in the C3 and C4 dermatome and C7-8 dermatome for the last few months. Upon the physical examination, the provider noted tenderness of the cervical paraspinal muscles, greater on the right than left. The cervical range of motion was noted to be flexion at 30 degrees and extension at 40 degrees. The provider noted the injured worker rated his pain 7/10 in severity. The provider noted the injured worker's cervical epidural steroid injections in 03/2013 gave him 60% pain relief; however, his pain has gradually increased. The provider requested Motrin, Prilosec, Ultracet, right cervical epidural steroid injection at C3-4, C4-5, and C7-8 for pain. The Request for Authorization was submitted and dated 08/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 72.

Decision rationale: The request for Motrin 800 mg #90 is not medically necessary. The California MTUS Guidelines note Motrin is used for osteoarthritis and off label for ankylosing spondylitis. The guidelines note doses greater than 400 gm have not provided greater pain relief. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, the request submitted for 800 mg exceeds the guidelines' recommendation of doses over 400 provide no greater relief of pain. Therefore, the request is not medically necessary.

Prilosec 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

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

Decision rationale: The request for Prilosec 20 mg #30 is not medically necessary. The California MTUS Guidelines note proton pump inhibitors such as Prilosec are recommended for injured workers at risk for gastrointestinal events under cardiovascular disease. The risk factors for gastrointestinal events include over the age of 65 years; history of peptic ulcers, gastrointestinal bleed or perforation; use of corticosteroids and/or anticoagulants. In the absence of risk factors for gastrointestinal bleeding events, proton pump inhibitors are not indicated when taking NSAIDs. The treatment of dyspepsia from NSAID usage includes stopping the NSAID, switching to a different NSAID, adding an H2 receptor antagonist or proton pump inhibitor. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, there is a lack of documentation indicating the injured worker had a diagnosis of dyspepsia secondary to NSAID therapy. Therefore, the request is not medically necessary.

Ultracet 37.5/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78.

Decision rationale: The request for Ultracet 37.5/325 mg #120 is not medically necessary. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, the use of a urine drug screen was not submitted for clinical review. The provider failed to document an adequate and complete pain assessment within the documentation. Therefore, the request is not medically necessary

Right cervical epidural steroid injection at the C3-4, C4-5, C7-8 levels: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182. Decision based on Non-MTUS Citation ODG-TWC Neck & Upper Back Procedure Summary

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

Decision rationale: The request for right cervical epidural steroid injection at C3-4, C4-5, C7-8 levels is not medically necessary. The California MTUS Guidelines recommend epidural steroid injections as an option for the treatment of radicular pain, defined as pain in a dermatomal distribution with corroborative findings of radiculopathy. The guidelines note that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic study testing; initially unresponsive to conservative treatment, exercise, physical methods, NSAIDs, and muscle relaxants. The guidelines recommend if epidural steroid injections are used for diagnostic purposes, a maximum of 2 injections should be performed. A second block is not recommended if there is an inadequate response to the first block. Diagnostic blocks should be at an interval of at least 1 to 2 weeks. There is a lack of imaging study to corroborate the diagnosis of radiculopathy. The clinical documentation submitted lacks significant neurological deficits, such as decreased sensation or motor strength in a specific dermatomal or myotomal distribution. Additionally, there is a lack of documentation indicating the injured worker had been unresponsive to conservative treatment, including exercise, physical methods, NSAIDs, or muscle relaxants. Therefore, the request is not medically necessary.