

Case Number:	CM14-0169298		
Date Assigned:	10/17/2014	Date of Injury:	06/18/2008
Decision Date:	11/24/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/14/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of June 18, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; topical agents; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated October 7, 2014, the claims administrator failed to approve request for a C7-T1 epidural injection, Celebrex, Lidoderm, and Pennsaid. The applicant's attorney subsequently appealed. In a medical-legal evaluation dated May 12, 2014, it was acknowledged that the applicant was using Celebrex, Maxalt, Percocet, OxyContin, and Ambien. The applicant was not using much alcohol. The applicant did have issues with sleep disturbance, hypertension, dyslipidemia, and diabetes; it was acknowledged and had received prior epidural steroid injections over the preceding year. The applicant was not currently working, it was acknowledged. In a June 2, 2014 progress note, the applicant reported ongoing complaints of neck pain, occipital neuralgia, mood disorder, migraine headaches, ulnar neuropathy, muscles spasms, and elbow pain. The applicant was reportedly using Maxalt, Ambien, Percocet, Celebrex, Neurontin, Zanaflex, OxyContin, Pennsaid, Lidoderm, Wellbutrin, Diovan, Effexor, metformin, and Topamax. The applicant's BMI was 33. It was stated that the applicant was not planning additional surgical intervention. Multiple medications were renewed, including OxyContin, Percocet, and Ambien. It was acknowledged that the applicant was not working. Permanent work restrictions were apparently renewed. The applicant went on to receive trigger point injection therapy on June 26, 2014 and June 5, 2014. On July 3, 2014, the attending provider again stated that the applicant was not working. The attending provider posited that previous epidurals were nevertheless effective, but had now worn off. The attending

provider again stated that the applicant's medications were working well, but did not quantify the improvement. Lidoderm patches, Percocet, OxyContin, and Ambien were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural injection C7-T1: 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 Chronic Pain Treatment Guidelines Epidural Steroid Injections topic. Page(s): 46. Decision based on Non-MTUS Citation MTUS

Decision rationale: The request in question does represent a repeat epidural steroid injection as the attending provider has himself acknowledged. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, however, pursuit of repeat block should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. In this case, however, the applicant is off of work. Permanent work restrictions remain in place, unchanged, from visit to visit. The attending provider has failed to outline any quantifiable decrements in pain or material improvements in function achieved as a result of previous epidural steroid injection usage. Previous epidural steroid injection therapy has failed to curtail the applicant's dependence of opioid agents such as OxyContin and Percocet. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite earlier epidural steroid injections in unspecified amounts over the course of the claim. Therefore, the request is not medically necessary.

Celebrex 200mg #30 & 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, non-steroidal anti-inflammatory drug.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications topic Page(s): 22.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that COX-2 inhibitor such as Celebrex are indicated in applicants who have a history of GI complications with nonselective agents such as Motrin and Naprosyn, in this case, however, the attending provider did not clearly outline a history of GI complications with nonselective NSAIDs such as Motrin or Naprosyn. The applicant's medical-legal evaluator did not outline a significant history of adverse gastrointestinal events on a medical-legal evaluation dated May 12, 2014. Therefore, the request is not medically necessary.

Lidoderm patch 5% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical Lidocaine is indicated in treatment of localized peripheral pain/neuropathic pain in applicants in whom there has been a trial of first line therapy with antidepressants and/or anticonvulsants. In this case, however, the applicant's ongoing usage of Neurontin, an anticonvulsant adjuvant medication, Effexor, an antidepressant adjuvant medication, and Wellbutrin, an antidepressant adjuvant medication, effectively obviates the need for the Lidoderm patches at issue. Therefore, the request is not medically necessary.

Pennsaid 1.5% solution 6-12 drops to affected area bid, prn #1 with 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, non-steroidal anti-inflammatory drug.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Diclofenac/Voltaren section. Page(s): 112.

Decision rationale: Topical Pennsaid is a derivative of topical Voltaren/Diclofenac. The applicant's primary pain generator here is the cervical spine. However, as noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Diclofenac/Voltaren has "not been evaluated" for treatment involving the spine, hip, and/or shoulder. The attending provider failed to furnish a compelling applicant-specific rationale to support selection and/or ongoing usage of topical Pennsaid in the face of the tepid-to-unfavorable MTUS position on applicant of the same for issues involving the cervical spine. Therefore, the request is not medically necessary.