MAXIMUS Federal Services

Case Number:	CM14-0020364		
Date Assigned:	05/02/2014	Date of Injury:	01/31/2002
Decision Date:	08/04/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/19/2014

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 patient is a 55-year-old male who has filed a claim for cervical multilevel degenerative disc disease associated with an industrial injury date of January 31, 2002. A review of progress notes indicates low back pain radiating to the buttocks with stiffness, occasional tingling and numbness of bilateral lower extremities, neck pain, and bilateral shoulder pain. The patient also reports increasing pain and loss of dexterity with both hands, appearing as carpal spasm. Findings include tenderness over the cervical and lumbar regions; spasm in the low back; decreased range of motion of the cervical, lumbar, and bilateral shoulder and bilateral shoulder and arm weakness. Mention of cervical MRI dated April 08, 2011 showed multilevel disc bulges with moderate-severe spinal canal stenosis, and moderate foraminal stenosis at the right foraminal stenosis at C4-5 and bilateral foraminal stenosis at C5-6. Lumbar MRI showed mild facet arthropathy and no significant disc desiccation, loss of disc height, disc bulge, or herniation. Treatment to date has included opioids and cervical epidural steroid injections. Utilization review from February 07, 2014 denied the requests for cervical epidural steroid injection at level C4-5, C5-6, and C6-7 bilaterally as there was no documentation of any neurocompressive lesions and radiculopathy; Norco 10/325mg #90 with refills for 3 months and Nucynta 50mg #15 with refills for 3 months as there was no documentation of improvement in the patient's condition and Prilosec 20mg #30 with refills for 3 months as there was no documentation of any GI issues.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL STEROID INJECTION AT LEVEL C4-C5, C5-C6 AND C6-C7 BILATERALLY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS Page(s): 49.

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

Decision rationale: As stated on page 46 of California MTUS Chronic Pain Medical Treatment Guidelines, there is no support for epidural injections in the absence of objective radiculopathy. Criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology and conservative treatment. Repeat blocks should only be offered if there is at least 50% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. This patient has had previous cervical epidural steroid injections in May 13, 2011 and August 26, 2011, with improvement of mobility and overall functionality. However, there is no documentation regarding the amount and duration of pain relief, and of findings consistent with cervical radiculopathy. Therefore, the request for cervical epidural steroid injection C4-5, C5-6, and C6-7 bilaterally was not medically necessary.

NORCO 10/325MG, #90 WITH REFILLS FOR 3 MONTHS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82-88.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : Opioids, criteria for use; On-Going Management Page(s): 78-82.

Decision rationale: As noted on pages 78-82 of the California MTUS Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The patient has been on this medication since at least September 2013. There is no documentation regarding symptomatic improvement or objective functional benefits derived from this medication. Also, additional refills are not indicated unless criteria for ongoing opioid use have been met. Therefore, the request for Norco 10/325mg #90 with refills for 3 months was not medically necessary.

PRILOSEC 20 MG, #30 WITH REFILLS FOR 3 MONTHS: Upheld

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

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

Decision rationale: According to page 68 of California MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are used in patients on NSAID therapy who are at risk for GI events. Risk factors include age > 65; history of peptic ulcer, GI bleed, or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; and high dose or multiple NSAID use. Use of PPI > 1 year has been shown to increase the risk of hip fracture. The patient has been on this medication since at least September 2013. There is no documentation of the above mentioned risk factors, and the patient is not on NSAID therapy. Therefore, the request for Prilosec 20mg #30 with refills for 3 months was not medically necessary.

NUCYNTA 50MG, #15 WITH REFILLS FOR 3 MONTHS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

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, Tapentadol (Nucynta).

Decision rationale: The California MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. ODG states that tapentadol is recommended as a second line therapy for patients who develop intolerable adverse effects with first-line opioids. The patient has been on this medication since at least September 2013. There is no documentation regarding symptomatic improvement or objective functional benefits derived from this medication. Also, additional refills are not indicated unless criteria for ongoing opioid use have been met. There is also no documentation of intolerance to first-line opioids, since this patient is also on Norco. Therefore, the request for Nucynta 50mg #15 with refills for 3 months was not medically necessary