MAXIMUS Federal Services

Case Number:	CM14-0021439		
Date Assigned:	05/07/2014	Date of Injury:	06/21/2010
Decision Date:	07/09/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/20/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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 37-year-old male who reported an injury on 06/21/2010, the mechanism of injury was not provided. The clinical note dated 02/19/2014 noted the injured worker presented with complaints of ongoing pain in the neck that radiated to the bilateral shoulders, right side is greater than the left; and the bilateral upper extremities, right side greater than left; down to the levels of the hands and fingers. Upon evaluation of the cervical spine, there is decreased range of motion, mild tenderness to palpation over the paravertebral muscles, and range of motion values of 25 degrees of extension, 75 degrees of right rotation, 80 degrees of left rotation, and a positive Spurling's. Also noted decreased deep tendon reflexes at the right wrist extensors on the right, and decreased sensation in a dermatomal pattern at the C6 dermatome on the right. The injured worker's diagnoses were cervical spine radiculitis. Treatment plan included an epidural steroid injection, continue medications, and return to work with regular duties. The provider recommended a cervical epidural steroid injection at the C5-6 and C6-7 levels under fluoroscopic guidance, Prilosec 20 mg, Nortiptyline 50 mg, and Norco. The provider recommended Norco as a pain reliever to allow the injured worker to function and perform his full duties at work, without which the injured worker will be unable to continue to work at his full capacity; Prilosec for reduction of gastritis secondary to chronic NSAID use; Nortiptyline is being used as a management medication to reduce pain and improve sleep; and ESI for increasing symptoms. The Request for Authorization form was not provided within the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL STEROID INJECTION C5-6, C6-7 UNDER FLUOROSCOPIC GUIDANCE: 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 Injections Page(s): 46.

Decision rationale: The California MTUS Guidelines recommend ESI as an option for treatment of radicular pain. An epidural steroid injection can offer short-term pain relief, and the use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is no information on improved function. The criteria for use of an epidural steroid injection are radiculopathy must be documented by physical examination and corroborated by imaging studies, be initially unresponsive to conservative treatment, injections should be used performing fluoroscopy, and no more than 2 nerve root levels should be injected using transforaminal blocks. The clinical notes lack evidence of objective findings of radiculopathy, numbness, weakness, and loss of strength. There was a lack of documentation of the injured worker's initial unresponsiveness to conservative treatment, which would include exercise, physical methods, and medications. As such, the request for cervical epidural steroid injection C5, C6-7 under fluoroscopic guidance is not medically necessary and appropriate.

PRILOSEC 20MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI Symptoms & Cardiovascular Risk Page(s): 68.

Decision rationale: The California MTUS Guidelines recommend proton pump inhibitors for injured workers at risk for gastrointestinal events. The MTUS Guidelines also recommend that clinicians utilize the following criteria to determine if the injured worker is at risk for gastrointestinal events to include age greater than 65 years old; history of peptic ulcer, GI bleeding, or perforation; concurrent use of ASA, corticosteroids, or an anticoagulant; and high-dose/multiple NSAIDs. The medical documents did not indicate that the injured worker had gastrointestinal symptoms. The documentation did not indicate the injured worker had a history of peptic ulcer, GI bleeding, or perforation. Furthermore, the request did not specify quantity for the requested medication. As such, the request for Prilosec 20mg is not medically necessary and appropriate.

NORTRIPTYLINE 50MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-DEPRESSANTS FOR CHRONIC PAIN.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13.

Decision rationale: The California MTUS Guidelines recommend antidepressants as a first-line option for neuropathic pain, and as a possibility for non-neuropathic pain. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of analgesic medication, and sleep quality and duration. Side effects including excessive sedation, especially that which would affect work performance should be assessed. It is recommended that these outcome measurements should be imitated at 1 week of treatment, with the recommended trial of at least 4 weeks. The included documentation lacked evidence of a complete, accurate pain assessment and efficacy of the medication. There is also lack of evidence of treatment concerning the antidepressant therapy. Furthermore, the frequency of the medication was not submitted. Therefore, the request for Nortiptyline 50 mg is not medically necessary and appropriate.

NORCO: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, OPIOIDS, STEPS TO AVOID MISUSE/ADDICTION.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend ongoing education on both the benefits and limitations of opioid treatment. MTUS guidelines also recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. In this case, there is a lack of evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risk for aberrant drug abuse behavior, and side effects. The provider's request for the medication did not include dose or frequency. As such, the request for Norco is not medically necessary and appropriate.