

Case Number:	CM14-0022540		
Date Assigned:	05/12/2014	Date of Injury:	02/18/1999
Decision Date:	07/11/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/24/2014

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 Preventive Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

This patient is a 51-year-old male with a date of injury of 02/18/1999. The listed diagnoses per [REDACTED] are: Anxiety, Cervical spondylosis, Lumbar spondylosis, cervical radiculopathy, Lumbar radiculopathy, Depression, and Implantation of intraspinal nuerostimulator. According to the progress report 10/31/2013 by [REDACTED], the patient presents with a long history of generalized body aches and pains. The patient rates his pain a 7/10. On 01/27/2014, the patient reported neck pain that radiates into both of the arms, right more than left, and head. His low back pain also radiates into bilateral hips. Examination of the neck showed decreased range of motion with pain. He is able to forward flex with fingers to knee with pain and he is able to extend the lower spine with severe pain. Examination of the lumbar spine revealed moderate pain to palpation bilaterally. He is able to forward flex and extend with moderate pain. The patient's medication regimen includes Effexor XR 150 mg, lisinopril 40 mg, Valium 10 mg, oxycodone 30 mg, methocarbamol 500 mg, and OxyContin 80 mg. Request for authorization on 01/30/2014 were cervical epidural steroid injection and caudal epidural steroid injection. There is no request for authorization for the methocarbamol, OxyContin, and oxycodone. Utilization Review found the requests to be not medically necessary on 02/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

SERIES OF 2 CERVICAL EPIDURAL STEROID INJECTIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46-47.

Decision rationale: This patient presents with back and neck pain. The provider is requesting a series of 2 caudal epidural steroid injections. The MTUS Guidelines suggest ESI's as an option for treatment of radicular pain defined as pain in a dermatomal distribution with corroborative findings of radiculopathy. In this case, in the review of reports 10/31/2013 and 01/27/2014, include no documentations of dermatomal distribution of symptoms that are corroborated with any imaging and/or electrodiagnostic testing. As stated in report dated 01/27/2013 the patient complains of neck and back pain with moderate decrease in range of motion. The MTUS does not support series of injections either. Therefore the request is not medically necessary.

SERIES OF 2 CAUDAL EPIDURAL STEROID INJECTIONS: 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 (ESIs) Page(s): 46-47.

Decision rationale: This patient presents with back and neck pain. The provider is requesting a series of 2 caudal epidural steroid injections. The MTUS Guidelines page suggest ESI's as an option for treatment of radicular pain defined as pain in a dermatomal distribution with corroborative findings of radiculopathy. In this case, in the review of reports 10/31/2013 and 01/27/2014, include no documentations of dermatomal distribution of symptoms that are corroborated with any imaging and/or electrodiagnostic testing. As stated in report dated 01/27/2013 the patient complains of neck and back pain with moderate decrease in range of motion. Therefore the request is not medically necessary.

METHOCARBAMOL 500MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants For Pain Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril , Amrix , Fexmid Page(s): 64.

Decision rationale: This patient presents with back and neck pain. The request is for methocarbamol 500 mg. For muscle relaxants for pain, the MTUS Guidelines, suggest non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exasperations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most low back pain cases, they showed no benefit beyond NSAIDs and pain and overall improvement. This patient has

been taking muscle relaxants since at least 10/31/2013, possibly earlier as this is the earliest report provided for review. Muscle relaxants are suggested for short term treatment. Therefore the request is not medically necessary.

OXYCONTIN 80MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids- On Going Management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60-61, 80-81, 88-89.

Decision rationale: This patient presents with neck and back pain. The request is for OxyContin 80 mg. The California MTUS guidelines require pain assessments that should include, current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. The 4 A's for ongoing monitoring- are required that include analgesia, ADL's, adverse side effects and aberrant drug-seeking behavior. Medical records indicate that this patient has been taking Oxycontin since at least 10/31/2013. Reports 10/31/2013 and 01/27/2013 provide no discussion on pain reduction or any specific functional improvement from taking Oxycontin. The provider also does not provide pain assessment or any outcome measures as required by MTUS. The record does not provide documentation that the patient should slowly be weaned off of Oxycontin as outlined in MTUS Guidelines. Therefore the request is not medically necessary.

OXYCODONE 30MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids- On Going Management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, and Opioids Page(s): 60-61, 80-81, 88-89.

Decision rationale: This patient presents with neck and back pain. The request is for Oxycodone 30 mg. The California MTUS require pain assessments that should include, current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. The 4 A's for ongoing monitoring are required that include analgesia, ADL's, adverse side effects and aberrant drug-seeking behavior. Medical records indicate that this patient has been taking Oxycodone since at least 10/31/2013. Reports 10/31/2013 and 01/27/2013 provide no discussion on pain reduction or any specific functional improvement from taking Oxycodone. The provider also does not provide pain assessment or any outcome measures as required by MTUS. The record does not provide documentation that the patient should slowly be weaned off of Oxycodone as outlined in MTUS Guidelines. Therefore the request is not medically necessary.