

Case Number:	CM14-0022875		
Date Assigned:	06/11/2014	Date of Injury:	08/13/2008
Decision Date:	07/15/2014	UR Denial Date:	01/24/2014
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 Physical Medicine and Rehabilitation 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 62 year old male who was injured on 08/13/2008. The mechanism of injury is unknown. Prior treatment history has included Norco and Motrin. There are no diagnostic studies or urine drug screenings for review. Progress report dated 01/16/2014 reported the patient had complaints of constant neck pain with radiation from his neck down to both arms with associated numbness and tingling in both of his hands. He also reported locking in all of his fingers except for his thumbs. He was complaining of ongoing constant bilateral pain especially at the lateral aspect of each shoulder associated with some clicking and popping with each shoulder. He stated he had difficulty with overhead use of both arms. He reported elbow pain which increased with lifting or carrying over 25 lbs. objective findings on exam revealed cervical spine range of motion exhibits flexion to 35 degrees; extension to 30 degrees; rotation to 40 degrees and lateral bending to 10 degrees. There is mild to moderate tenderness over the spinous processes mainly at the base of the neck. He had moderate tenderness at the paraspinal muscles, tenderness in the trapezius muscles on both sides and moderate tenderness over the nerve roots. The upper extremities revealed deep tendon reflexes are unattainable at the biceps, brachial radialis, as well as the triceps. Motor testing strength demonstrate a mild grade 4 weakness of the left 1st dorsal interosseous muscle which may be related to some tenderness at the left 1st metacarpal pharyngeal joint with 5 strength of other muscles bilaterally. The patient is diagnosed with multiple degenerative disc disease and spondylosis of the cervical spine that involves all of the levels except C2-3 associated with spinal stenosis and upper extremity radiculitis; right shoulder subacromial impingement syndrome; and left shoulder. The treatment and plan include a referral for one cervical steroid epidural injection followed by cervical radiofrequency procedure. He is instructed to take Norco 10/325 mg and Motrin 800 mg for pain control. Prior utilization review dated 01/24/2014 states the request for epidural steroid of the

cervical spine is non-certified due to the treatment level is not outlined and there are no updated imaging studies for review. Norco is non-certified as there is no ongoing documented pain assessment, relief, side effects, or functional improvement. Motrin is partially certified but more information is required pertaining to functional benefits as a result of the medication and the need for continuation.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL INJECTION WITH GUIDED CATHETER WITH A PM&R SPECIALIST: Upheld

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

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

Decision rationale: As per CA MTUS guidelines, "the purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Further guidelines recommend the use of cervical epidurals for the treatment of radicular pain and repeat injections with prior long-term success. The medical records document that the patient has weakness in the first dorsal interossei and other radiating pain symptoms in the neck. Further, the documents do not show any updated imaging studies to suggest a possible pathology that may be the main etiology of the presumed radiculopathy. Based on the CPMT guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

NORCO: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommends Norco for the use of treatment of chronic pain as a second line medication. The medical records document do not show any response to previous treatment with the medication with a time limited course or a use of alternative medication. Further, the documents lack pain scores to warrant the need for ongoing analgesia from opioids. Based on the CPMT guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

MOTRIN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs
Page(s): 67-73.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommends Non-Steroidal Anti-Inflammatory Drugs (NSAID) as low dose treatment for short duration in patients with moderate to severe pain. The medical records document pain in the neck with radiating symptoms in the arms. Further, the documents show claimant is on light duty. Based on the CPMT guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary as there is lack of documentation of pain scores to warrant the need for ongoing analgesia and there is no evidence of functional improvement with the prior use of this medication.