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| Case Number: | CM14-0025420 | | |
| Date Assigned: | 06/11/2014 | Date of Injury: | 09/25/2008 |
| Decision Date: | 07/24/2014 | UR Denial Date: | 01/31/2014 |
| Priority: | Standard | Application Received: | 02/27/2014 |

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 Texas. 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 45-year-old female who reported an injury on 09/25/2008. The mechanism of injury involved a fall. Current diagnoses include cervical disc degeneration and pain in a joint of the upper arm. The injured worker was evaluated on 11/26/2013 with complaints of neck pain. The injured worker also reported numbness and weakness in the right upper extremity. Current medications include Cyclobenzaprine, Klonopin, Mentherm gel, Tramadol, and Metformin HCL. Physical examination revealed positive tenderness in bilateral trapezius and medial right epicondyle, and tightness with cervical rotation, flexion, and extension. Treatment recommendations at that time included 8 sessions of acupuncture, a 1 time psychological consultation, and a cervical epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

KLONOPIN 1 MG A DAY, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines; Antidepressant Page(s): 24, 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: The California MTUS Guidelines state benzodiazepines are not recommended for long-term use, because long-term efficacy is unproven and there is a risk of dependence. Most Guidelines limit the use to 4 weeks. As per the documentation submitted, the injured worker does not maintain a diagnosis of anxiety disorder. The medical necessity for the ongoing use of this medication has not been established. There is also no frequency listed in the current request. As such, the request for Klonopin 1 mg a day, #30 is non-certified.

CYCLOBENZAPRINE 7.5 MG AT BED TIME, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril (R) (Cyclobenzaprine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. There is no evidence of palpable muscle spasm or spasticity upon physical examination. Guidelines do not recommend long-term use of this medication. There is also no frequency listed in the current request. As such, the request for Cyclobenzaprine 7.5 mg at bed time, #30 is non-certified.

MENTHODERM GEL: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is no documentation of objective functional improvement as a result of the ongoing use of this medication. There is also no strength, frequency, or quantity listed in the current request. As such, the request for Methoderm Gel is non-certified.

TRAMADOL 150 MG CPMP 25/75, ONE TAB A DAY #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram (R)) Page(s): 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and

documentation of pain relief, functional status, appropriate medication use, and side effects should occur. There is no documentation of a failure to respond to non-opioid analgesics. There is also no evidence of objective functional improvement as a result of the ongoing use of this medication. There is no frequency listed in the current request. Therefore, the request for Tramadol 150 mg CPMP 25/75, one tab a day #30 is non-certified.

ACUPUNCTURE FOR THE CERVICAL SPINE X 8 SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated, and may be used as an adjunct to physical rehabilitation and/or surgical intervention. The time to produce functional improvement includes 3 to 6 treatments. The current request for 8 sessions of acupuncture exceeds Guideline recommendations. There is also no documentation of objective functional improvement as a result of a previous course of acupuncture therapy. As such, the request for acupuncture for the cervical spine x 8 sessions is non-certified.

PSYCHOLOGICAL CONSULT - ONE TIME: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. There was no comprehensive psychological examination provided on the requesting date. Therefore, the medical necessity for the requested referral has not been established. As such, the request for psychological consult - one time is non-certified.

TRANSFORAMINAL CERVICAL EPIDURAL STEROID INJECTION AT C7 & T1:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175.

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

Decision rationale: The California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain, with use in conjunction with other

rehab efforts. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Patients should also prove initially unresponsive to conservative treatment to include exercises, physical methods, NSAIDs, and muscle relaxants. As per the documentation submitted, there was no evidence of radiculopathy upon physical examination. There was also no mention of an exhaustion of conservative treatment. Based on the clinical information received, the request for transforaminal cervical epidural steroid injection at C7 & T1 is non-certified.