

Case Number:	CM14-0033921		
Date Assigned:	06/20/2014	Date of Injury:	03/08/2012
Decision Date:	07/18/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/18/2014

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 injured worker is a 65-year-old female with a reported injury on 03/08/2012. The mechanism of injury was not provided within the clinical notes. The clinical note dated 02/04/2014 reported that the injured worker complained of neck pain that radiated down her right arm and shoulder. The physical examination revealed cervical paraspinal tenderness and a positive Spurling's test. The examination of the injured worker's upper extremities revealed tenderness in the right anterior and lateral shoulder. It was reported that the injured worker had decreased sensation to touch in the right lateral arm and forearm. It was noted that the injured worker had a positive straight leg raise to the right. Prescribed medication list included Naproxen, Norco, Protonix and Trazodone. Diagnoses included cervical radiculopathy, lumbar/thoracic radiculopathy, shoulder pain, knee/lower leg pain and chronic pain syndrome. The provider requested to refill current medications, lumbar epidural steroid injection #2, and an internal medicine consultation. The treating physician's rationale was not provided within the clinical notes. The Request for Authorization was submitted on 03/05/2014. Prior treatments included 3 epidural steroid injections, from which the injured worker reported a greater than 50% improvement of her lumbar radicular pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Refill current medications (unspecified): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Opioids, criteria for use, Naproxen, Selective serotonin reuptake inhibitors (SSRIs), NSAIDs, GI symptoms & cardiovascular risk Page(s): 91, 78, 66, 16, 68.

Decision rationale: The California MTUS Guidelines state that Norco is a short-acting opioid, which is an effective method in controlling chronic, intermittent or breakthrough pain. The guidelines recognize naproxen as a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. The guidelines recognize four domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. MTUS guidelines recognize selective serotonin reuptake inhibitors (SSRIs), such as trazodone, as a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. MTUS Chronic Pain Medical Treatment Guidelines recommend the use of proton pump inhibitors if there is a history of gastrointestinal bleeding or perforations, a prescribed high dose of NSAIDs and a history of peptic ulcers. There is also a risk with long-term utilization of PPI (> 1 year) which has been shown to increase the risk of hip fracture. In this case, it is noted that the injured worker's current medication list included naproxen, Norco, Protonix and trazodone; however, the requesting provider did not specify the utilization frequency, medications to be used, doses or quantities of the requested medications. As such, the requests for a refill of current medications are not medically necessary and appropriate.

Lumbar Epidural Steroid Injection, #2 in the series: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs), Criteria for the use of Epidural Steroid Injections.

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

Decision rationale: The MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Injections should be performed using fluoroscopy (live x-ray) for guidance. If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. No more than two nerve root levels should be injected using transforaminal blocks. No more than one interlaminar level should be injected at one session. In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. Current research does not support a "series-of-three" injections in either the

diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. In this case, it is noted that the injured worker had received 3 epidural steroid injections, which were reported to improve the injured worker's pain by 50%. However, the date of the first epidural steroid injection was not provided within the clinical notes. There is a lack of clinical information indicating the duration of the efficacy of the epidural steroid injections. Furthermore, the requesting provider did not indicate the specific location for the lumbar epidural steroid injections. As such, the request for lumbar epidural steroid injection, # 2 in the series is not medically necessary and appropriate.

Internal medicine consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Office Visit.

Decision rationale: The Official Disability Guidelines recommend an office visit to be medically necessary. Evaluation and management of outpatient visits to the offices of medical doctor(s) is a critical role in the proper diagnosis and return to function of an injured worker. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. In this case, there is a lack of clinical information indicating the rationale for an internal medicine consultation. The treating physician did not indicate a diagnosis for which the injured worker required an additional physician for consultation. Therefore, the request for an internal medicine consultation is not medically necessary and appropriate.