

Case Number:	CM14-0054479		
Date Assigned:	07/07/2014	Date of Injury:	10/13/2010
Decision Date:	09/11/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/23/2014

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, 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:

The patient is a 54 year old female with an injury date of 10/13/10. Per the 03/07/14 report by [REDACTED] and the 03/25/14 report by [REDACTED], the patient presents with continuing neck pain radiating into her right upper extremity described as aching and throbbing rated 7/10. She also presents with pain in the upper portion of the neck with tight spasm and headaches radiating into the back of her head. The patient complains of pain with palpation over the upper cervical spine and occipital ridge. She has dramatic myofascial spasm with myofascial trigger point right greater than left, with spasm in the cervical paraspinal, splenius capitus, trapezius rhomboid, and levator scapulae musculature. The patient is to remain off work until 04/25/14. The patient's diagnoses include: 1. Acquired cervical torsion dystonia, myospasms and myofascial trigger points with twitch response and referral pattern. 2. Cervicogenic headaches with occipital neuralgia 3. Cervical herniated nucleus pulposus with radicular symptoms 4. Internal derangement, right shoulder, status post-surgery (August 2011) 5. Internal derangement, right elbow, status post-surgery (10/04/13) 6. Lateral epicondylitis 7. Tear/torn rotator cuff. Medications listed in the 03/25/14 report include Norco and Duexis. The utilization review being challenged is dated 04/08/14. Treatment reports from 02/19/13 to 06/13/14 were provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection.: 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 ESI, Lumbar Page(s): 46, 47.

Decision rationale: The patient presents with continuing neck pain radiating to her right upper extremity and pain in the upper neck radiating to the back of her head. The treater requests for cervical epidural steroid injection with no levels indicated. MTUS guidelines have the following regarding ESI under chronic pain section pages 46 and 47, "Recommended as an option for treatment for radicular pain." MTUS require documentation of radiculopathy corroborated by an imaging study. Per the most recent 12/19/13 MRI of the cervical spine the impressions state: 2mm disc bulges at C5-C6 and C6-C7 with slight subarachnoid space indentation. No EMG/ICV studies were provided. The patient does not present with radiating pain down to arm either. In the absence of documented radiculopathy by imaging and with no levels indicated for the ESI, the request is not medically necessary.

Duexis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Medications for chronic pain (MTUS 60, 61) Page(s): 60, 61.

Decision rationale: The patient presents with continuing neck pain radiating to her right upper extremity and pain in the upper neck radiating to the back of her head. The patient requests for Duexis with no quantity indicated. MTUS guidelines for medications for chronic pain state pages 60, 61 states, "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS further states, "A record of pain and function with the medication should be recorded." It is not known when the patient began taking this medication. The report dated 02/19/13 lists it as a current medication. A review of the reports shows the treater does not discuss efficacy. While a combination of Ibuprofen and Famotidine may be indicated for this patient's chronic pain, medication efficacy must be documented. For the use of PPI (famotidine), MTUS also required GI risk assessment which is lacking on this patient. The request is not medically necessary.

Norco 10/325 #60.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS (MTUS pgs 88, 89) Page(s): 88,89.

Decision rationale: The patient presents with continuing neck pain radiating to her right upper extremity and pain in the upper neck radiating to the back of her head. The treater is requesting for Norco 10/325 #60. For chronic opiate use, the MTUS Guidelines page 88 and 89 require functioning documentation using a numerical scale or a validated instrument at least once every 6 months. The documentation of 4 A's (analgesia, ADLs, adverse side effects, adverse behaviors) are also required. Furthermore, under outcome measures, MTUS recommends documentation of current pain, average pain, least pain, time it takes for medication to work, duration of pain relief with medications, et cetera. Records show that the patient was taking this medication as of 02/19/13. None of the reports show documentation of pain assessment using a numerical scale describing the patient's pain and function. No outcome measures were provided as well as specific ADL's. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in the MTUS Guidelines. Therefore, the request is not medically necessary.