

Case Number:	CM14-0061849		
Date Assigned:	07/09/2014	Date of Injury:	03/01/2004
Decision Date:	08/21/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/02/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of March 1, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and opioid therapy. In a utilization review report dated April 29, 2014, the claims administrator denied a request for a cervical epidural steroid injection and apparently partially certified Norco, apparently for weaning purposes. The epidural steroid injection was denied on the grounds that the applicant did not have concrete evidence of radiculopathy. It was not stated whether or not the applicant had had prior epidural steroid injection therapy. In a psychiatric progress note of June 27, 2013, it was acknowledged that the applicant had superimposed issues with major depressive disorder requiring usage of Cymbalta. On July 10, 2013, the attending provider sought authorization for repeat lumbar epidural steroid injection and a TENS units trial. The applicant was using Zestril, Norco, Senna, Lunesta, Neurontin, Klonopin, Voltaren, Levoxyl, metformin, Zocor, and Cymbalta, it was stated, at that point in time. On April 11, 2014, the applicant provider noted that the applicant had persistent complaints of 9/10 neck pain radiating to the bilateral arms. The applicant did exhibit motor testing and limited secondary to pain, it was suggested, with a normal gait. Authorization for cervical epidural steroid injection therapy was sought. TENS unit was likewise endorsed. On May 12, 2014, it was again stated that the applicant reported 8/10 shooting, electric, and throbbing pain radiating from the neck to the arms. It was stated that the attending provider was again seeking authorization for atrial of cervical epidural steroid injection therapy. Topical Pennsaid and topical Terocin were also endorsed. The applicant's work status was not outlined.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 cervical epidural steroid injection: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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

Decision rationale: As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections are indicated in the treatment of radiculopathy, peripherally that which is radiographically and/or electrodiagnostically confirmed. The MTUS does, however, endorse up to two diagnostic epidural blocks. In this case, the attending provider has posited that this request represents a first time request or trial block. The applicant does have active cervical radicular complaints. A trial of diagnostic (and potentially therapeutic) cervical injections is therefore indicated. Accordingly, the request is medically necessary.

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Opioids for chronic pain; Opioids, long-term assessment;.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as result of the same. In this case, however, it appears that the applicant is off of work, either from medical issues, mental health issues, or a combination of the two. The applicant continues to report pain levels in the 8 to 9/10 range. There is no concrete evidence of any tangible or measurable improvements in function achieved as a result of ongoing Norco usage. Therefore, the request is not medically necessary.