

Case Number:	CM14-0062646		
Date Assigned:	07/11/2014	Date of Injury:	07/14/2011
Decision Date:	09/24/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/05/2014

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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 44-year-old gentleman who was reportedly injured on July 14, 2011. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated May 29, 2014, indicates that there are ongoing complaints of neck pain and left shoulder pain. The physical examination demonstrated tenderness along the sternocleidomastoid, scalenes, and right paracervical muscles. There was pain with cervical compression and distraction as well as shoulder depression. The examination of the left shoulder noted a painful arc of motion. Diagnostic imaging studies of the cervical spine show a 3.5 mm disc bulge at C5 - C6 without nerve root impingement. Previous treatment includes physical therapy, acupuncture, chiropractic manipulation, trigger point injections, a cervical spine epidural steroid injection a request was made for Norco, Ducoprene, a cervical spine epidural steroid injection at C6 and C7, and unknown patches and was not certified in the pre-authorization process on June 9, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 2.5mg Qty:1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

Decision rationale: Norco (hydrocodone/acetaminophen) is a short acting opiate indicated for the management of moderate to severe breakthrough pain. The California Medical Treatment Utilization Schedule guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no objective clinical documentation of improvement in their pain or function with the current regimen. As such, this request for Norco is not medically necessary.

Docuprene QTY: 1.00: 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 Page(s): 88.

Decision rationale: Docuprene is a stool softener sometimes used secondary to constipation from opioid medications. The medical record does not indicate that the injured employee has constipation symptoms. Additionally the concurrent request for Norco has been determined not to be medically necessary. For these reasons, this request for Docuprene is not medically necessary.

Cervical C6 epidural injection QTY: 1.00: Upheld

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

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

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, a repeat epidural steroid injection should not be considered unless there is at least 50% pain relief for 6 to 8 weeks time from the prior injection. A review of the attached medical record indicates that the injured employee has had a previous cervical spine epidural steroid injection, however the efficacy of this injection is unknown. Without this information, this request for a cervical spine C6 epidural steroid injection is not medically necessary.

Cervical C7 epidural injection QTY: 1.0: Upheld

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

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

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, a repeat epidural steroid injection should not be considered unless there is at least 50% pain relief for 6 to 8 weeks time from the prior injection. A review of the medical record indicates that the injured employee has had a previous cervical spine epidural steroid injection, however the efficacy of this injection is unknown. Without this information, this request for a cervical spine C6 epidural steroid injection is not medically necessary.

Patches QTY: 1.00: 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 Page(s): 111-113.

Decision rationale: It is unclear from this request what type of patches are requested. Without additional clarification and justification, this request for patches is not medically necessary.