

Case Number:	CM14-0072350		
Date Assigned:	07/16/2014	Date of Injury:	04/04/2012
Decision Date:	09/18/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/19/2014

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 Nevada. 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 34-year-old male who was reportedly injured on April 4, 2012. The mechanism of injury was noted as a slip and fall type event. The most recent progress note dated April 14, 2014, indicated that there were ongoing complaints of neck pain, low back pain and shortness of breath. The physical examination demonstrated an alert, oriented individual "in no acute distress ", a normal gait pattern, and with a decrease in cervical spine, thoracic spine and lumbar spine range of motion. Sensation was decreased in the C5, C6, C7 and C8 dermatomes; however, it was intact in the bilateral lower extremities. Motor function was 4+/5 throughout both upper extremities and normal in the lower extremities. Straight leg raising was positive on the left. Diagnostic imaging studies reportedly noted ordinary disease of life degenerative changes at multiple levels of the cervical spine, thoracic spine and lumbar spine. A Grade I anterolisthesis is noted at L5-S1. Previous treatment included chiropractic care, multiple medications, and pain medicine interventions. The injured employee indicated he is not capable of returning to work. With the multiple medications being employed, the injured worker has noted he is "not getting any better." A request was made for multiple medications and was not certified in the pre-authorization process on May 9, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Epidural Steroid Injection Bilaterally at L5: Upheld

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

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

Decision rationale: Epidural steroid injections are recommended as an option when there is clinical evidence of radiculopathy documented and corroborated by elected diagnostic studies. While noting the degenerative changes identified on magnetic resonance image, there is no objectification of a nerve root compromise. Therefore, when considering the parameters outlined in the California Medical Treatment Utilization Schedule and by the physical examination offered and given the lack of specific data to suggest there is a radiculopathy, there is insufficient clinical information presented to establish the medical necessity for this request. The request is not medically necessary.

Docuprene 100mg QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88.

Decision rationale: This medication is used to address constipation. While there is a potential for a need of stool softeners, there is no objectified complaint of constipation nor are there any physical examination findings to suggest that this malady exists. As such, based on the clinical information presented for review, there is no data presented to establish the medical necessity of this request. The request is not medically necessary.

Terocin Pain Patch box (10 patches): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105, 112.

Decision rationale: California Medical Treatment Utilization Schedule guidelines support the use of topical lidocaine for individuals with neuropathic pain that have failed treatment with first-line therapy including antidepressants or anti-epileptic medications. There are noted pain complaints; however, there is no objectification of any functional utility or efficacy with the utilization of this topical preparation. The pain complaints remain the same. The physical examination is essentially unchanged, and there is no data to suggest that there is any improvement associated with the use of this topical preparation. Review, of the available medical records, fails to document signs or symptoms consistent with neuropathic pain or a trial of first-line medications. As such, this request is not medically necessary.

Cyclobenzaprine 7.5mg QTY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 68, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41, 64.

Decision rationale: California Medical Treatment Utilization Schedule Guidelines support the use of skeletal muscle relaxants for the short-term treatment of pain but advises against long-term use. Given the injured worker's date of injury and current clinical presentation, there is no noted efficacy or utility with the continued use of this medication. The physical examination findings do not support that there is any improvement. The guidelines do not support this request for chronic pain. As such, the request is not medically necessary.

Percocet 5/325mg QTY: 120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48.

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

Decision rationale: This medication 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 progress notes indicate that a return to work is not achievable. There is no decrease in the pain complaints, increase in functionality, or any other objective parameter denoting success with the use of this medication. As such, this request for Percocet is not medically necessary.