MAXIMUS Federal Services

Case Number:	CM14-0074006		
Date Assigned:	07/16/2014	Date of Injury:	01/08/2014
Decision Date:	09/16/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/21/2014

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 40-year-old male with a date of injury of 01/08/2014. The listed diagnoses per [redacted] are: 1. Cervical DDD or Degenerative Disc Disease. 2. Cervical spondylosis. 3. Lumbar sprain/strain. According to progress report on 03/21/2014, the patient presents with increasing right upper extremity pain. The examination revealed mild to moderate tenderness and tightness in the base of the neck more on the right. Both forward flexion and right rotation are significantly decreased and"there are no radicular signs." Magnetic resonance imaging (MRI) of the cervical spine from 03/04/2014 revealed at C3-C4 and C4-C5 disk bulge with osteophytes and no central canal compromise; C5-C6 disk bulge present without central compromise, bilateral neuroforaminal narrowing is present severe on the right; C6-C7 revealed disk bulge and uncovertebral joint hypertrophy without central canal compromise, severe right and moderate left neuroforaminal narrowing is present. This is a request for cervical epidural steroid injection to level C4-C5, C5-C6, and C6-C7; Lyrica 50 mg #60 with 3 refills, Ultram 50 mg #60with 3 refills, and Flexeril 10 mg #30 with 3 refills. Utilization review denied the request on 04/28/2014. This is a Request for Authorization from 04/09/2014 by [redacted]. The medical file provided for review includes 4 progress reports dating from 01/13/2014 to 03/21/2014 all provided by [redacted].

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical ESI C4-5, C5-6, C6-7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines,ESIs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46-47.

Decision rationale: This patient presents with worsening of right upper extremity pain. Treater states there is mild to moderate tenderness and tightness on the base of the neck with decreased range of motion but no radicular signs. The request is for cervical epidural steroid injection at level C4-C5, C5-C6, and C6-C7. The California Medical Treatment Utilization Schedule (MTUS) Guidelines has the following regarding epidural steroid injections (ESI) under chronic pain section page 46 and 47, "Recommended as an option for treatment of radicular pain defined as pain in dermatomal distribution with corroborative findings of radiculopathy." In this case, the patient does not present with "dermatomal" distribution of pain to suspect radiculopathy that is corroborated with the magnetic resonance imaging (MRI) results. In addition, epidural steroid injections are not recommended at more than two levels. The requested treatment is not medically necessary and appropriate.

Lyrica 50 MG # 60, 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Lyrica.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica).

Decision rationale: This patient presents with worsening of right upper extremity pain. The request is for Lyrica 50mg #60 with 3 refills. The medical file provided for review does not include any discussion regarding the medication Lyrica. The California Medical Treatment Utilization Schedule (MTUS) guidelines has the following regarding Pregabalin (Lyrica), "Pregabalin (Lyrica), no generic available) has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. This patient does not present with neuropathic pain and the treater does not indicate what this medication is being used for. There is no discussion regarding any efficacy if the medication has been used. The requested treatment is not medically necessary and appropriate.

Ultram 50 MG # 60, 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ultram Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines, chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 88-89.

Decision rationale: This patient presents with worsening of right upper extremity pain. The request is for Ultram 40mg #60 with 3 refills. The medical file provided for review does not include any discussion regarding the medication Lyrical or Ultram. The California Medical Treatment Utilization Schedule (MTUS) guidelines pg 76-78, criteria for initiating opioids recommends that reasonable alternatives have been tried, consider patient's likelihood of improvement, likelihood of abuse, etc. California (MTUS) goes on to state that baseline pain and functional assessments should be made. Once the criteria have been met a new course of opioids may be tried at that time. The treater does not provide baseline pain or any functional assessments to necessitate a start of a new opioid. The requested treatment is not medically necessary and appropriate.

Flexeril 10 MG # 30, 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63. Decision based on Non-MTUS Citation Official Disability Guidelines, non-sedating muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid Page(s): 64.

Decision rationale: This patient presents with worsening of right upper extremity pain. The request is for refill of Flexeril 10mg with 3 refills. The medical file provided for review indicates patient has been prescribed Flexeril since 02/03/2014. The California Medical Treatment Utilization Schedule (MTUS) Guidelines page 64 states, "Cyclobenzaprine is recommended for short course of therapy. Limited, mixed evidence does not allow for recommendation for chronic use." In this case, the treater has prescribed this medication for long-term use. The requested treatment is not medically necessary and appropriate.