

Case Number:	CM14-0081917		
Date Assigned:	07/18/2014	Date of Injury:	12/25/2012
Decision Date:	09/17/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/03/2014

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 & Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in Texas & Ohio. 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 39-year-old female who reported injury on 12/25/2012. The mechanism of injury was the injured worker slipped and fell on to her back and neck. The injured worker's surgical history was noncontributory. The injured worker's medication history included opioids, NSAIDs, Proton Pump Inhibitors, and muscle relaxants as of 11/2013. Prior treatments included physical therapy, a TENS unit, medication, massage, chiropractic care, and hot and cold compresses. The injured worker was noted to have an MRI of the lumbar spine on 02/11/2013 which revealed disc bulging at L2-3 and left lateral bulging at L5-S1 with some lateral stenosis. The injured worker had an MRI of the cervical spine on 03/11/2013. The findings revealed minimal disc bulging at C4-5, C5-6, and C6-7. There was mild stenosis at C6-7, and a right lateral disc protrusion at C5-6. The diagnoses included cervicalgia, degeneration of cervical intervertebral disc, gastro esophageal reflux and depression. The surgical history was not provided. The documentation of 05/08/2014 revealed the injured worker was noted to have radiating sharp pain and spasms in her neck, shoulders and low back. The injured worker's pain had increased in frequency and severity so much that the injured worker was bedridden for most of the prior month, and the injured worker was able to get out of bed only minimally necessary to care for herself and her children. The injured worker's gastro esophageal reflux was noted to be worse due to taking ibuprofen. The injured worker indicated the front office lost her prescription for oxycodone IR at her last visit. The injured worker was told she could not have early refills or an urgent appointment due to increased pain. The injured worker reported posterior lateral leg spasms from hips to heels. The injured worker indicated she had overall pain that was constant, and was an 8/10 to 9/10 or greater at all times. The gabapentin was noted to reduce tingling and pain, but did not resolve it. The injured worker indicated Zanaflex reduced tingling pain slightly,

and reduced the occurrence of sharp, radiating muscle spasms. The injured worker's medications were noted to include gabapentin, tramadol, Pepcid 40 mg daily, Zanaflex 40 mg twice a day as needed for spasms, and ibuprofen. The physical examination revealed there was tenderness to the posterior cervical area with 50% restriction of extension, lateral bending and rotation. There was 30% restriction of motion with flexion. The injured worker had a positive Spurling's toward the left. The injured worker had tenderness across the lumbosacral area, right greater than left, with 75% restriction of extension and 50% restriction of flexion. The injured worker had a positive straight leg raise bilaterally. The injured worker had dysesthesia along the medial borders of the scapulae, lateral forearms and hands, along the poster lateral right leg from hip to heel and along the left calf and foot. The treatment plan included a continuation of conservative measures and medications including oxycodone IR 10 mg 1 half to 1 by mouth every 6 hours as needed for severe pain #90, Pepcid 40 mg by mouth every day, Zanaflex 4 mg twice a day as needed for spasm, gabapentin 300 mg 2 three times a day #180, and omeprazole 20 mg 1 every day. Additionally, the treatment plan included a cervical epidural steroid injection at C5-C6, 4 chiropractic visits, and 4 acupuncture visits. There was a detailed Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection: 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 (ODG): Epidural Steroid Injections AMA Guides, radiculopathy.

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

Decision rationale: The California MTUS Guidelines recommend epidural steroid injections for the treatment of radiculopathy when it is corroborated by imaging and/or electrodiagnostic studies. There should be documentation the injured worker's pain was nonresponsive to conservative treatment including exercise, physical therapy, NSAIDs and muscle relaxants. The clinical documentation submitted for review failed to meet the above criteria. The request was submitted failed to indicate whether the request was for the cervical spine or lumbar spine. The submitted request failed to indicate the level and laterality. The physical examination indicated the injured worker had multiple areas of dysesthesia, however, there were no specific myotome or dermatomes identified. There was a notation that the patient had an MRI of the lumbar spine and cervical spine and the findings were provided, however, there was no official MRI report (s) submitted for review to corroborate the examination findings. There was a lack of documentation of a failure of conservative care. Given the above, and the lack of information, the request for Epidural Steroid Injection is not medically necessary.

Acupuncture times four for the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS Guidelines recommend acupuncture treatment when pain medication is reduced or not tolerated, and it is recommended as an adjunct to physical rehabilitation. The time to produce functional improvements is 3 to 6 treatments. The clinical documentation submitted for review failed to indicate if the injured worker would be utilizing acupuncture when pain medication was reduced or not tolerated, and it would be used as an adjunct to physical rehabilitation. Given the above, the request for Acupuncture times four for the Cervical Spine is not medically necessary.

Oxycodone 10mg #90, Refills x3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ongoing management Page(s): 60, 78.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had utilized the medication since at least 11/2013. There was a lack of documentation meeting the above criteria. There was a lack of documentation indicating a necessity for 3 refills without re-evaluation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Oxycodone 10mg #90, refills x3 is not medically necessary.

Pepcid: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR (Physician's Desk Reference).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: The California MTUS Guidelines recommend PPIs for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the injured worker had signs and symptoms of dyspepsia. The clinical documentation indicated the injured worker had utilized this classification of medication since at least 11/2013. There was a lack of documented efficacy for the requested medication. The request as submitted

failed to indicate the frequency, quantity and strength for the requested medication. Given the above, the request for Pepcid is not medically necessary.

Zanaflex (Quantity not Specified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second line option for the short-term treatment of acute pain. The usage should not exceed 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had utilized the medication since at least 11/2013. There was a lack of documented objective efficacy and exceptional factors to warrant non-adherence to guideline recommendations. The request as submitted failed to indicate the frequency, quantity and strength. Given the above, the request for Zanaflex (quantity not specified) is not medically necessary.

Omperazole (Quantity not Specified): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Portion Pump Inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: The California MTUS Guidelines recommend PPIs for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the injured worker had signs and symptoms of dyspepsia. The clinical documentation indicated the injured worker had utilized this classification of medication since at least 11/2013. There was a lack of documented efficacy for the requested medication. The request as submitted failed to indicate the frequency, quantity and strength for the requested medication. Given the above, the request for Omeprazole (quantity not specified) is not medically necessary.