MAXIMUS Federal Services

Case Number:	CM13-0038261		
Date Assigned:	01/24/2014	Date of Injury:	05/12/2004
Decision Date:	03/20/2015	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	09/30/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Pennsylvania
Certification(s)/Specialty: Emergency Medicine

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 was injured on 05/12/04. A request for prescriptions (unnamed) is under review. She is status post C5-C7 epidural on 07/29/13 and complained of increased neck pain and radicular symptoms in the right arm. She had tenderness and positive Spurling's and axial compression test. There was decreased sensation on the right side at the C5-7 dermatomes. She has been using opioids since 2009 without significant subjective, objective, or functional improvements associated with her long-term use of opiates. Her pain had gradually worsened over time. Requests for opiates had been consistently not medically necessary over the previous year. She reportedly had adverse gastrointestinal effects from prior use of anti-inflammatories and Anaprox was not medically necessary. Therefore, the request for Prilosec did not seem to be warranted. She had previous GI complaints due to anti-inflammatories but since the anti-inflammatory was not medically necessary, the request for Prilosec was also not medically necessary. On 08/16/13, there was a follow-up pain management report. She complained of right knee pain and right shoulder pain radiating into the hand and arm. She was status post C5-7 epidural catheterization. She had worsening pain. Her medication use is not described but she was taking them. She had abnormal lordosis and tenderness about the cervical spine with radicular pain to the right upper extremity on axial compression. Spurling's was positive. There was facet tenderness. She had mildly decreased range of motion of cervical spine and full range of motion of the shoulders. She had pain with range of motion of the right shoulder. Her strength was intact and reflexes were decreased on the right side at the biceps, brachioradialis, and triceps. Sensation was decreased to pain and light touch on the right C6 -C8 dermatomes. It

was grossly intact on the left and she had facet tenderness over the C6 and C7 nerve roots. She was diagnosed with cervical radiculopathy and facet arthropathy with a sprain. She had some relief after the selective epidural catheterization on 06/29/13 but the pain returned and was slightly worse than before the end injection. She was referred to a spine surgeon and was to continue her current medications which are not listed. On 08/20/13, Vicodin was discontinued. Norco was prescribed. The note is essentially illegible. She was status post epidural injection and reported increased neck pain and radicular symptoms in the right upper extremity. A spinal surgical consultation was recommended and she wanted to proceed. Final consultation was not certified. Motrin, Prilosec, and Norco were all requested. She reportedly was injured on 05/12/04 and was diagnosed with right knee meniscal tears and tricompartmental osteoarthritis. She had a cervical strain and multilevel disc bulges with left-sided foraminal stenosis at C5-6 and C6-7. She also had a history of CRPS of both status post daily ganglion blocks. On 10/20/13, Norco, Anaprox, and Prilosec were not medically necessary. X-rays of the right knee were certified and an MRI of the cervical spine was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription to continue medications: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Use of medication Page(s): 94.

Decision rationale: The history and documentation do not objectively support the request for approval of a prescription to continue medications which are not identified. The MTUS state relief of pain with the use of medications is generally temporary and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within 1 to 3 days. A record of pain and function with the medication should be recorded. (Mens 2005) The patient has received a number of medications since her injury and has ongoing pain despite other treatment. Her use of medications and response to them, including functional improvement, are not described. The names of the medications to be continued and the indications for them have not been submitted for review. The medical necessity of this request as submitted has not been clearly demonstrated.