

Case Number:	CM14-0194893		
Date Assigned:	12/02/2014	Date of Injury:	08/12/2003
Decision Date:	01/15/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/20/2014

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 Pain Medicine 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:

This is a female patient with a date of injury of August 12, 2003. A utilization review determination dated November 6, 2014 recommends non-certification of bilateral C4-6 cervical epidural using fluoroscopy, urine drug screen, Fiorinal 50-325-40 mg #60, and Celebrex 200 mg #30. A progress note dated October 14, 2014 identifies subjective complaints of neck pain that radiates down right lateral upper extremities, low back pain that radiates down bilateral lower extremities, associated numbness frequently in the bilateral lower extremities to the level of the feet and muscle weakness intermittently in bilateral lower extremities, and ongoing occipital headaches. The patient rates her pain as an 8/10 on average with medications, and a pain level of 9/10 on average without medications. The patient reports of the use of anti-seizure class, muscle relaxant, NSAID, and opiate medication are helpful with a 60% improvement. Areas of functional improvement as a result of this therapy include combing/washing hair, doing laundry, sleeping, standing, and washing dishes. The physical examination identifies spasm noted in the bilateral lumbar paraspinous musculature, tenderness with palpation in the bilateral paravertebral area at L4-S1 levels, and range of motion of the lumbar spine is moderately limited secondary to pain. The diagnoses include cervical radiculopathy, cervical spinal stenosis, lumbar facet arthropathy, lumbar radiculopathy, hypertension, and coccyx fracture. The treatment plan recommends a cervical epidural steroid injection using fluoroscopy for the bilateral C4-6 level, urine drug screen test, prescription refill for Butrans Patch 5mcg/hr patch #4, prescription refill for Celebrex 200mg #30, prescription refill for gabapentin 600mg #60, prescription refill for Norco 10-325mg, prescription refill for omeprazole 20mg #30, prescription refill for tizanidine 2mg #30, prescription refill for Fiorinal 50-325-40mg #60, and prescription refill for trazodone 100mg #30. A urine drug screen collected on October 14, 2014 was consistent.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral C4-6 cervical epidural using fluoroscopy: Upheld

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

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

Decision rationale: Regarding the request for bilateral C4-6 cervical epidural using fluoroscopy, California MTUS cites that ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Within the documentation available for review, there are no recent physical examination findings supporting a diagnosis of radiculopathy. Furthermore, there is no MRI available to review that supports a diagnosis of radiculopathy at the proposed level of the epidural steroid injection, or an EMG nerve conduction study that supports the diagnosis of radiculopathy either. In the absence of such documentation, the currently requested bilateral C4-6 cervical epidural using fluoroscopy is not medically necessary.

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, screening for risk of addiction (tests), Opioids, steps t. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Urine Drug Testing (UDT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79, 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter Urine Drug Testing

Decision rationale: Regarding the request for a urine drug screen, CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, it appears that the provider has recently performed a toxicology test. The provider notes that the patient is taking pain medication, but there is no documentation of current risk stratification to identify the medical necessity of drug screening at the proposed frequency. There is no statement indicating why this patient would be considered to be high risk for opiate misuse, abuse, or diversion. Furthermore, a urine drug screen obtained on October 14, 2014 was consistent. As such, the currently requested urine drug screen is not medically necessary.

Fiorinal 50-325-40mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

Decision rationale: Regarding the request for Fiorinal 50-325-40mg #60, Chronic Pain Medical Treatment Guidelines state that barbiturate containing analgesic agents are not recommended for chronic pain. They go on to state that the potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. As such, the currently requested Fiorinal 50-325-40mg #60 is not medically necessary.

Celebrex 200mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: Regarding the request for Celebrex 200mg #30, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Celebrex is recommended for patients at intermediate to high risk for gastrointestinal events with no cardiovascular disease. Within the documentation available for review, there is no indication that Celebrex is being prescribed for the short-term. Additionally, there is no documentation that the patient is at intermediate to high risk for gastrointestinal events with no cardiovascular disease. In the absence of such documentation, the currently requested Celebrex 200mg #30 is not medically necessary.