

Case Number:	CM14-0198172		
Date Assigned:	12/08/2014	Date of Injury:	11/18/1999
Decision Date:	01/20/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	11/25/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 50-year-old man who sustained a work-related injury on November 18, 1999. Subsequently, the injured worker developed a chronic neck pain. According to a progress report dated on October 19, 2014, the injured worker was complaining of ongoing neck pain with stiffness as well as numbness and arms swelling. The injured worker physical examination demonstrated cervical tenderness with reduced range of motion, lumbar tenderness with reduced range of motion, decreased right upper extremity strength and decreased sensation in the right L3-4 dermatoma. The injured worker was diagnosed with right cervical radiculopathy. The injured worker was treated with pain medications and 2 cervical epidural injections without for pain control, functional improvement or reduction of the use of pain medications. The provider requested authorization for cervical epidural injection, cyclobenzaprine and Percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Interlaminar Steroid Injection at C5-6: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-309.

Decision rationale: According to MTUS guidelines, cervical epidural corticosteroid injections are of uncertain benefit and should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. Epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit; however there is no significant long term benefit or reduction for the need of surgery. Furthermore, the injured worker file does not document that the injured worker is candidate for surgery. In addition, there is no documentation of functional and pain improvement with previous epidural steroid injection. There is no recent documentation of radiculopathy at the levels of requested injections. MTUS guidelines do not recommend repeat epidural injections for neck pain without documentation of previous efficacy. Previously, the injured worker underwent 2 epidural steroid injections without clear documentation of functional improvement or reduction of the use of pain medication. Therefore, the request for cervical interlaminar steroid injection at C5-6 is not medically necessary.

Cyclobenzaprine 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

Decision rationale: According to MTUS guidelines, an non-sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The injured worker in this case does not have clear evidence of acute exacerbation of chronic back pain and spasm and the prolonged use of Cyclobenzaprine 7.5mg #60 is not justified. Evidence based guidelines do not recommend its use for more than 2-3 weeks. The request is not medically necessary.

Percocet 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status,appropriate medication use, and side effects. Pain assessment should include: currentpain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of

function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. The injured worker have been using opioids since at least 2014 without recent documentation of full control of pain and without any documentation of functional or quality of life improvement. There is no clear documentation of injured worker improvement in level of function, quality of life, adequate follow up for absence of side effects and aberrant behavior with a previous use of narcotics. Therefore the prescription of Percocet 10/325mg #120 is not medically necessary.