

Case Number:	CM15-0130640		
Date Assigned:	07/17/2015	Date of Injury:	09/15/1974
Decision Date:	08/19/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/07/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 67 year old female, who sustained an industrial injury on 9/15/74. Initial complaints were not reviewed. The injured worker was diagnosed as having cervical pain; right shoulder pain; lumbar pain. Treatment to date has included medications. Currently, the PR-2 notes dated 6/16/15 are hand written and difficult to decipher. These notes indicate the injured worker complains of severe lower back pain; neck pain and right shoulder pain. The provider did not submit a procedure note or diagnostic studies. The provider is requesting authorization of Nubain injection; Vistaril injection; Decadron injection and lidocaine injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nubain injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids for chronic pain; Opioids neuropathic pain.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-8.

Decision rationale: Regarding the request for Nubain injection, California MTUS cites that opioids should be used only if needed for severe pain and only for a short time. Within the documentation available for review, there is no indication of an acute exacerbation of pain or another rationale for an injection of Nubain. In light of the above, the currently requested Nubain injection is not medically necessary.

Vistaril injection: 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), Pain Chapter, Anxiety Medications in Chronic Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Anxiety medications in chronic pain.

Decision rationale: Regarding the request for Vistaril, CA MTUS does not address the issue. ODG recommends diagnosing and controlling anxiety as an important part of chronic pain treatment. Within the documentation available for review, there is no indication of anxiety and a clear rationale for an injection of Vistaril. In light of the above issues, the currently requested Vistaril is not medically necessary.

Decadron injection: 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), Pain Chapter, Injection with anaesthetics and/or steroids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Injection with anaesthetics and/or steroids.

Decision rationale: Regarding the request for Decadron injection, CA MTUS does not specifically address the issue. ODG cites the importance of identifying the specific modality such as epidural steroid injections, lumbar sympathetic block, trigger point injections, stellate ganglion block, etc. Within the documentation available for review, the site of injection is not identified and there are no legible symptoms/findings supportive of the use of steroid injection. In light of the above issues, the currently requested Decadron injection is not medically necessary.

Lidocaine injection: 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), Pain Chapter, Injection with anaesthetics and/or steroids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Injection with anaesthetics and/or steroids.

Decision rationale: Regarding the request for lidocaine injection, it appears that the request is intended to be utilized in conjunction with another injection. As the other injections have been non-certified, there is no clear indication for its use. In light of the above issues, the currently requested lidocaine injection is not medically necessary.