

Case Number:	CM15-0133842		
Date Assigned:	07/22/2015	Date of Injury:	08/19/2012
Decision Date:	08/19/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/10/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 injured worker is a 59-year-old female who sustained an industrial injury on 8/19/12 in a fall injuring her neck, back, shoulder, wrists and hands. She was medically evaluated and referred to pain management. She currently complains of shooting, throbbing right sided neck pain radiating to the bilateral upper extremities right greater than left with numbness, weakness and fatigue(8-9/10); right hand pain with mild swelling; headaches with dizziness; sleep difficulties. On physical exam of the cervical spine there was muscle spasm with myofascial trigger points in the cervical paraspinal, rhomboid, bilateral trapezius and levator scapulae muscles with twitch response and referral pattern, decreased range of motion; right shoulder shows pain with deep palpation over the subacromial bursa and along the anterior posterior joint lines with impingement, decreased range of motion. Medications include Tramadol, Norco. Diagnoses include cervical degenerative disc disease; cervical radiculopathy with bilateral upper extremity weakness and fatigue; cervical spondylosis; internal derangement right shoulder; depression; anxiety secondary to chronic pain; right carpal tunnel syndrome. Treatments to date include cervical epidural steroid injections with greater than 60% relief of pain for 12 weeks allowing increased range of motion and ability to perform activities of daily living; physical therapy; acupuncture; right wrist brace; medications. Diagnostics include MRI of the cervical spine (10/9/12) shows a disc bulge, canal stenosis; MRI of the right shoulder (10/9/12) reveals acromioclavicular osteoarthritis, supraspinatus tendinitis and infraspinatus tendinitis; MRI of the cervical spine (9/19/12) showing larger disc protrusions than the MRI dated 10/9/12. In the

progress note, dated 1/9/15 the treating provider's plan of care includes requests for cervical epidural steroid injection at bilateral C6 and C7; Tramadol 150 mg #60; omeprazole 20 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection, Bilateral Cervical C6 and C7, x1: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Epidural steroid injections, diagnostic.

Decision rationale: Selective nerve root blocks are also known as epidural transforaminal injection. MTUS states, "1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections." Medical records do document radiculopathy and 60% relief for 12 weeks from prior injection. However, bilateral cervical ESI at C-6 and C-7 was previously approved on 06/03/2015. There is no documentation of the outcome of that approved ESI. As such, the request for Cervical Epidural Steroid Injection, Bilateral Cervical C6 and C7, x1 is not medically necessary.

Tramadol 150 mg Qty 60, 1 twice daily: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol, Ultram Page(s): 74-96, 113, 123. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) - Medications for acute pain (analgesics), Tramadol (Ultram).

Decision rationale: Ultram is the brand name version of tramadol, which is classified as central acting synthetic opioids. MTUS states regarding tramadol "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." ODG further states, "Tramadol is not recommended as a first-line oral analgesic because of its inferior efficacy to a combination of Hydrocodone/ acetaminophen." The treating physician did not provide sufficient documentation that the patient has failed a trial of non-opioid analgesics at the time of prescription or in subsequent medical notes. Additionally, no documentation was provided which discussed the setting of goals for the use of tramadol prior to the initiation of this medication. As such, the request for Tramadol 150 mg Qty 60, 1 twice daily is not medically necessary.

Omeprazole 20 mg Qty 60, 1 twice daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: MTUS and ODG states, "Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." And "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)." The medical documents provided do not establish the patient has having documented GI bleeding, perforation, peptic ulcer, high dose NSAID, or other GI risk factors as outlined in MTUS. As such, the request for Omeprazole 20 mg Qty 60, 1 twice daily is not medically necessary.