

Case Number:	CM15-0134098		
Date Assigned:	07/22/2015	Date of Injury:	05/30/2012
Decision Date:	08/18/2015	UR Denial Date:	07/09/2015
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: Massachusetts

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 50 year-old female, who sustained an industrial injury on May 30, 2012, incurred upper back, and shoulder and neck injuries. A cervical Magnetic Resonance Imaging revealed a cervical disc extrusion with disc degeneration and nerve root compression. She was diagnosed with cervical disc disease and cervical spondylosis. Treatment included pain medications, muscle relaxants, bone growth stimulator, epidural steroid injection, and work restrictions. She underwent a cervical discectomy and fusion in July, 2013, and a second cervical discectomy and fusion in September, 2014. Currently, the injured worker complained of continued numbness in both arms and pain in the left hand and right biceps area. She noted spinal pain when moving certain ways. The treatment plan that was requested for authorization included outpatient epidural steroid injection and prescriptions for Cymbalta and Percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Epidural Steroid Injections (ESI) right C7/T1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

Decision rationale: The claimant sustained a work injury in May 2012 and underwent a multilevel anterior cervical decompression and fusion in July 2013 with a second surgery in September 2014. An MRI of the cervical spine in February 2014 included findings of a C6-7 disc osteophyte complex which had progressed but was not causing foraminal or canal stenosis. When seen, compression and Spurling's tests were positive. There was decreased right upper extremity sensation. There were paraspinal muscle spasms and twitch responses. Authorization for an epidural injection and medications was requested. Criteria for the use of epidural steroid injections include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the claimant's provider documents decreased right upper extremity sensation with positive compression and Spurling's testing, but imaging is reported as negative for any neural compromise. The requested epidural steroid injection is not medically necessary.

Cymbalta 30mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 43-44. Decision based on Non-MTUS Citation Cymbalta prescribing information.

Decision rationale: The claimant sustained a work injury in May 2012 and underwent a multilevel anterior cervical decompression and fusion in July 2013 with a second surgery in September 2014. An MRI of the cervical spine in February 2014 included findings of a C6-7 disc osteophyte complex which had progressed but was not causing foraminal or canal stenosis. When seen, compression and Spurling's tests were positive. There was decreased right upper extremity sensation. There were paraspinal muscle spasms and twitch responses. Authorization for an epidural injection and medications was requested. The claimant has neuropathic pain after two cervical spine surgeries. In terms of Cymbalta (duloxetine), it can be recommended as an option in first-line treatment of neuropathic pain. The maximum dose is 120 mg per day. The requested dose consistent with that recommended and was medically necessary.

Percocet 10/325mg #120: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work injury in May 2012 and underwent a multilevel anterior cervical decompression and fusion in July 2013 with a second surgery in

September 2014. An MRI of the cervical spine in February 2014 included findings of a C6-7 disc osteophyte complex which had progressed but was not causing foraminal or canal stenosis. When seen, compression and Spurling's tests were positive. There was decreased right upper extremity sensation. There were paraspinal muscle spasms and twitch responses. Authorization for an epidural injection and medications was requested. Percocet (oxycodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it was being prescribed as part of the claimant's ongoing management when she was having ongoing pain. Her other medications were providing suboptimal pain relief. There were no identified issues of abuse or addiction and the total MED was less than 120 mg per day consistent with guideline recommendations. Prescribing Percocet was medically necessary.