

Case Number:	CM15-0162170		
Date Assigned:	08/28/2015	Date of Injury:	07/08/2012
Decision Date:	10/06/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/18/2015

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

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 55 year old female who sustained an industrial injury on 07-08-12. Initial complaints and diagnoses are not available. Treatments to date include medications, chiropractic treatments, Toradol injections, and cervical trigger point injections. Diagnostic studies include a MRI of the thoracic spine and electrodiagnostic studies of the bilateral upper extremities. Current complaints include pain in the neck, back and hip. Current diagnoses include lumbar spine disc herniation, lumbar radiculopathy, chronic neck pain, chronic thoracic spine pain, left hip degenerative joint disease, and cervical myofascial pain. In a progress note dated 06-17-15, the treating provider reports the plan of care as medications including Norco, Capsaicin cream, and Pamelor, as well as a left hip injection and a cervical MRI. The requested treatments include a left hip corticosteroid injection under fluoroscopy, CM4 Capsaicin cream, Norco, and a single positional cervical MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Left hip corticosteroid injection under fluoroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis chapter, under Intra-articular steroid hip injection (IASHI).

Decision rationale: The current request is for 1 Left hip corticosteroid injection under fluoroscopy. The RFA is from 06/17/15. Treatments to date include medications, chiropractic treatments, Toradol injections, and cervical trigger point injections. The patient remains off work. ODG, Hip & Pelvis chapter, under Intra-articular steroid hip injection (IASHI): Not recommended in early hip osteoarthritis (OA). Under study for moderately advanced or severe hip OA, but if used, should be in conjunction with fluoroscopic guidance. Recommended as an option for short-term pain relief in hip trochanteric bursitis. (Brinks, 2011) Per report 06/17/15, the patient presents with neck, lower back and hip pain. Examination revealed pain with hip range of motion and tenderness noted over the left trochanteric bursa. The treater has requested a left hip injection. In this case, MRI of the bilateral hips from 08/26/14 revealed mild bilateral hip osteoarthritis with mild bilateral narrowing and tiny osteophytes. ODG does not support such injections for early hip osteoarthritis (OA), and this patient presents with mild osteoarthritis. In addition, the treater does not mention trochanteric bursitis for which steroid injections are indicated. Hence, the request IS NOT medically necessary.

Unknown CM4 capsaicin cream refill: caps 0.05%, cyclo 4%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The current request is for Norco 10/325mg #90. The RFA is from 06/17/15. Treatments to date include medications, chiropractic treatments, Toradol injections, and cervical trigger point injections. The patient remains off work. MTUS, CRITERIA FOR USE OF OPIOIDS, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS page 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." Per report 06/17/15, the patient presents with neck, lower back and hip pain. Examination revealed cervical paraspinal tenderness, right trapezius muscle tenderness, and thoracic and lower back tenderness. Current medications include Norco, Capsaicin cream, and Pamelor. The patient has been prescribed Norco since 2014. The patient report that Norco provided 40% relief for 3-4 hours. The patient reported current pain level as 10/10. Report 05/21/15, states currently patient has 9/10 pain. On 04/26/15, the patient report that pain reduces from 10/10 to 4/10 with Norco. A UDS was administered on this day. There is no specific discussion regarding medication efficacy. In this case, recommendation for further use cannot be supported as the treating physician has not provided any specific functional improvement, changes in ADL's or change in work status to document significant functional improvement with utilizing long term opiate. All the 4As have not been addressed, as required by MTUS. This request IS NOT medically necessary and recommendation is for slow weaning per MTUS.

Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The current request is for Norco 10/325mg #90. The RFA is from 06/17/15. Treatments to date include medications, chiropractic treatments, Toradol injections, and cervical trigger point injections. The patient remains off work. MTUS, CRITERIA FOR USE OF OPIOIDS, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS page 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." Per report 06/17/15, the patient presents with neck, lower back and hip pain. Examination revealed cervical paraspinal tenderness, right trapezius muscle tenderness, and thoracic and lower back tenderness. Current medications include Norco, Capsaicin cream, and Pamelor. The patient has been prescribed Norco since 2014. The patient report that Norco provided 40% relief for 3-4 hours. The patient reported current pain level as 10/10. Report 05/21/15, states currently patient has 9/10 pain. On 04/26/15, the patient report that pain reduces from 10/10 to 4/10 with Norco. A UDS was administered on this day. There is no specific discussion regarding medication efficacy. In this case, recommendation for further use cannot be supported as the treating physician has not provided any specific functional improvement, changes in ADLs or change in work status to document significant functional improvement with utilizing long-term opiate. All the 4As have not been addressed, as required by MTUS. This request IS NOT medically necessary and recommendation is for slow weaning per MTUS.

One single positional cervical MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation www.aetna.com/cpb/medical/data/1_99/0093.html.

Decision rationale: The current request is for One single positional cervical MRI. The RFA is from 06/17/15. Treatments to date include medications, chiropractic treatments, Toradol injections, and cervical trigger point injections. The patient remains off work. ACOEM Guidelines, chapter 8, page 177 and 178, state "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." www.aetna.com/cpb/medical/data/1_99/0093.html. Aetna considers repeat MRI scans in different positions (such as flexion, extension, rotation and lateral bending) and when done with and without weight-bearing to be experimental and investigational because of insufficient evidence of this approach. Per report 06/17/15, the patient presents with neck, lower back and hip pain.

Examination revealed cervical paraspinal tenderness, right trapezius muscle tenderness, and thoracic and lower back tenderness. There was decreased sensation over the left C7-8 and slight motor weakness in the left deltoid, biceps and wrist extensors. The treater would like an MRI of the cervical spine to evaluate her severe symptoms and to further evaluate abnormalities on physical exam. The patient has had MRIs for the lumbar spine and hip, but no imaging has been done for the cervical spine. In this case, the treater has asked for an MRI of the cervical spine to determine the source of the patient's persistent cervical pain and upper extremity symptoms. These are neurologic symptoms, and an MRI would be reasonable given no prior imaging. However, the request is for a positional MRI. There is currently lack of evidence that these are necessary over conventional MRI's. The request IS NOT medically necessary.