

Case Number:	CM15-0185581		
Date Assigned:	10/05/2015	Date of Injury:	03/12/2001
Decision Date:	12/16/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/21/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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:

This is a 57 year old female who sustained an industrial injury on 3-12-2001. A review of the medical records indicates that the injured worker is undergoing treatment for cervical disc herniation with left upper extremity radiculitis, worsening left-sided cervical radiculopathy, lumbar spinal stenosis with left lower extremity radiculopathy, right knee post-traumatic osteoarthritis, left knee medial compartmental post-traumatic osteoarthritis and right wrist carpal tunnel syndrome. The EMG /NCV studies of the upper and lower extremities was noted to be normal in 2002. The records indicate that EMG/NCV studies was recently approved but the report was not available. There was no report of a recent MRI of the cervical spine. Medical records (4-9-2015 to 7-17-2015) indicate ongoing cervical spine pain rated 7 to 8 out of 10 and lumbar spine pain rated 6 to 7 out of 10. According to the progress report dated 7-27-2015, the injured worker complained of persistent pain in the neck, lower back and bilateral shoulders rated 7 to 9 out of 10. The neck pain radiated to the bilateral arms and the low back pain radiated to the bilateral feet. She also complained of right wrist pain rated 7 to 8 out of 10 and left knee pain rated 5 to 7 out of 10. She reported that Norco helped her pain from 9 out of 10 to 4 out of 10. She reported using Ambien to help her sleep and Nexium for her gastrointestinal issues. Per the treating physician (7-27-2015), the injured worker was currently working. The physical exam (7-27-2015) revealed decreased range of motion and tenderness to the cervical spine. The sensation was decreased over the C4 to C7 dermatomes of the upper extremities. Exam of the lumbar spine revealed decreased range of motion. Straight leg raise was positive on the right. There was decreased range of motion of the shoulders and the right wrist. Treatment has included lumbar surgery, right knee surgery, physical therapy and medications (Norco,

Ambien and Nexium since at least 3-20-2015). The request for authorization was dated 8-7-2015. The original Utilization Review (UR) (8-18-2015) denied requests for a pain management consult for possible cervical epidural steroid injection, urine toxicology screen, Norco, Ambien and Nexium.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Consult for Possible Cervical Epidural Steroid Injection: Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies, Surgical Considerations, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Neck and Upper Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that patient can be referred for specialist evaluation when the diagnosis of complex or additional expertise treatment have become necessary to manage deteriorating clinical condition. The records indicate subjective and objective findings consistent with deterioration of the cervical radiculopathy. The guidelines recommend that cervical epidural steroid injection can be utilized for the treatment of cervical radiculopathy when conservative treatments with medication and PT have failed. The criteria for Pain Management Consult for possible cervical epidural steroid injection was met. Therefore, the request is medically necessary.

Urine Toxicology Screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, long-term assessment, Drug testing, Opioids, screening for risk of addiction (tests), Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that compliance monitoring including Urine Drug Screen (UDS) be instituted at the beginning and continued at random intervals during chronic opioid treatment. The chronic use of opioids can be associated with the development of tolerance, addiction, sedation, dependency and adverse interactions with other sedatives. The records did not show any prior documentation of UDS in this patient who is utilizing opioids and sedative medications. There is no documentation of the absence of aberrant behavior or CURES data reports. The criteria for Urine Toxicology Screen was met. Therefore, the request is medically necessary.

Norco 10/325mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain, Opioids, dealing with misuse & addiction, Opioids, dosing, Opioids, specific drug list, Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of musculoskeletal pain when standard treatment with NSAIDs, non-opioid co-analgesics, exercise and PT have failed. The chronic use of opioids can be associated with the development of tolerance, dependency, sedation, addiction and adverse interaction with other sedative agents. The records indicate the presence of subjective and objective findings consistent with exacerbation of the chronic musculoskeletal pain. A consultation referral for cervical epidural steroid injection is pending. There is no documentation of aberrant behavior or adverse medication effect. The criteria for the use of Norco 10/325mg #90 was met. Therefore, the request is medically necessary.

Ambien 5mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ambien; MedScape 2009 and PDR 2009.

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Mental Illness and Stress, Sleep Medications.

Decision rationale: The CA MTUS and the ODG guidelines recommend that medications can be utilized for the short-term treatment of insomnia associated with exacerbation of musculoskeletal pain when non-medication measures such as sleep hygiene and effective treatment of the pain have failed. The chronic use of sleep medications can be associated with the development of tolerance, dependency, sedation, addiction, daytime somnolence and adverse interaction with sedative agents. The records did not indicate that the patient failed treatment with sleep hygiene measures of non-sedative medications. The duration of treatment with Ambien had exceeded the guidelines recommended maximum period of 4 to 6 weeks. The criteria for the use of Ambien 5mg #30 was not met. Therefore, the request is not medically necessary.

Nexium 40mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDs, Proton Pump Inhibitors.

Decision rationale: The CA MTUS and the ODG guidelines recommend that proton pump inhibitors can be utilized for the prevention and treatment of NSAIDs induced gastrointestinal disease in the elderly and patients with a significant history of gastritis. The records did not show the chronic utilization of NSAIDs, past medical history or the presence of risk factors associated with gastrointestinal disease. The criteria for the use of Nexium 40mg #30 was not met. Therefore, the request is not medically necessary.