

Case Number:	CM15-0185677		
Date Assigned:	09/25/2015	Date of Injury:	12/28/2011
Decision Date:	12/09/2015	UR Denial Date:	08/31/2015
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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This is a 44 year old female who sustained a work-related injury on 8-31-15. Medical record documentation on 8-6-15 revealed the injured worker was being treated for cervical disc disease, cervical radiculopathy, lumbar disc disease, lumbar radiculopathy, anxiety, depression and lumbar facet syndrome. She reported cervical spine and lumbar spine pain which she rated an 8 on a 10-point scale (cervical spine was 7-8 on a 10-point scale on 7-2-15 and lumbar spine was 8 on a 10-point scale on 7-2-15). She noted that her pain remained unchanged since her previous evaluation. She had used her medications and tolerated them well. A bilateral C5-C6 and C6-C7 transfacet epidural steroid injection on 6-27-15 provided 50-60% improvement in her pain, decreased her radicular symptoms and increased her range of motion. She was not able to decrease her intake of pain medications due to her low back pain. She reported that her medications were helping with her pain a little. Objective findings included a wide-based gait and difficulty with heel-toe walking. Her cervical spine range of motion included flexion to 28 degrees, extension to 60 degrees, right lateral flexion to 30 degrees, left lateral flexion to 20 degrees, right lateral rotation to 55 degrees and left lateral rotation to 60 degrees. She had decreased sensation along the left C5 dermatomes and bilateral C6 and C7. She had decreased muscle strength in the elbow flexors and the elbow extensors bilaterally. She had diffuse tenderness and guarding over the lumbar paraspinal muscles, left piriformis and ileitis. She had moderate facet tenderness noted along the L5-s1 levels. Her lumbar spine range of motion was bilateral lateral bending to 30 degrees, flexion to 60 degrees and extension to 10 degrees. Her medication regimen included Naproxen 550 mg, Prilosec 20 mg, Norco 10-325 mg, Xanax 0.5

mg (since at least 3-19-15), Neurontin 600 mg and Soma 350 mg (since at least 3-19-15). A urine drug screen on 7-2-15 was inconsistent with her medication regimen. A request for urine toxicology screen, 2nd diagnostic C5-C6 and C6-C7 transfacet epidural steroid injection, Xanax 0.5mg #60 and Soma 350 mg #90 was received on 8-28-15. On 8-31-15, the Utilization Review physician determined urine toxicology screen, 2nd diagnostic C5-C6 and C6-C7 transfacet epidural steroid injection, Xanax 0.5mg #60 and Soma 350 mg #90 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

2nd diagnostic C5-C6 and C6-C7 transfacet epidural steroid injection Qty: 1.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: According to the MTUS, several diagnostic criteria must be present to recommend an epidural steroid injection. The most important criteria are that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 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. The medical record contains sufficient documentation of extended functional improvement and does support a referral request. I am reversing the previous utilization review decision. 2nd diagnostic C5-C6 and C6-C7 transfacet epidural steroid injection Qty: 1.00 is medically necessary.

Xanax 0.5mg #60: 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): Benzodiazepines.

Decision rationale: Xanax (alprazolam) is a benzodiazepine medication used to treat anxiety and panic disorders. The MTUS states that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Xanax 0.5mg #60 is not medically necessary.

Soma 350mg #90: 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): Carisoprodol (Soma).

Decision rationale: The MTUS states that carisoprodol is not recommended and is not indicated for long-term use. Abuse has been noted for sedative and relaxant effects. In regular abusers, the main concern is the accumulation of meprobamate. There was a 300% increase in numbers of emergency room episodes related to carisoprodol from 1994 to 2005. There is little research in terms of weaning of high dose carisoprodol and there is no standard treatment regimen for patients with known dependence. Soma 350mg #90 is not medically necessary.

Urine toxicology screening Qty: 1.00: 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): Drug testing.

Decision rationale: The MTUS recommends using a urine drug screen to assess for the use or the presence of illegal drugs, a step to take before a therapeutic trial of opioids, to aid in the ongoing management of opioids, or to detect dependence and addiction. There is no documentation in the medical record that a urine drug screen was to be used for any of the above indications. Urine toxicology screening Qty: 1.00 is not medically necessary.