MAXIMUS Federal Services

Case Number:	CM15-0185923		
Date Assigned:	09/28/2015	Date of Injury:	11/05/2014
Decision Date:	11/24/2015	UR Denial Date:	09/10/2015
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:

The injured worker is a 39 year old female who sustained an industrial injury on 11-05-2014. Medical records indicate the worker was treated for cervical strain and cervical spondylosis C5-C6. In the provider notes of 08-19-2015, the worker reported constant pain in the neck associated with frequent severe and prolonged headaches (sometimes lasting 3 days at a time). She denies radiating arm pain, but experiences numbness in both hands, all digits. On exam, the cervical range of motion is moderately restricted in all planes with pain at the end range of motion. Motor and sensory function in the upper extremities is intact with exception of diffuse numbness in both entire hands. Radiographs of the cervical spine on 01-29-2015 show a decreased cervical lordosis. There is a moderate loss of disc height and a slight kyphotic deformity at C5-6. The impression is of Cervical Spondylosis at C5-6. Treatment recommendations include a cervical epidural steroid injection (based on her favorable response to the first one on 07-20-2015), and medication refills. A request for authorization was submitted for: 1. Cervical epidural steroid injection 2. Ultracet 3. Mobic 4. Lexapro 5. Savella 6. Cyclobenzaprine. A utilization review decision 09-10-2015 denied the request in its entirety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection: Overturned

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

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 lacks sufficient documentation and does not support a referral request. The patient reported 90% pain relief with a previous epidural steroid injection. I am reversing the previous utilization review decision. Cervical epidural steroid injection is medically necessary.

Ultracet: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: Guidelines state that Ultracet is indicated for moderate to moderately severe pain. Guidelines further state the criteria for the use of opioids is the ongoing review and documentation of the patient's pain relief, functional status, appropriate medication use, and side effects. In this case, the medical necessity has been established for the patient's use of the requested Ultracet as a first-line analgesic agent for pain relief for the patient's treatment of chronic pain as it is appropriate in this clinical setting. However, the request is non-specific for dose, sig, and amount of medication; consequently, Ultracet is not medically necessary.

Mobic: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steriodal anti-inflammatory drugs).

Decision rationale: The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. At present, based on the records provided, and the evidence-based guideline review, the request is medically reasonable. However, the request is non-specific for dose, sig, and amount of medication; consequently, Mobic is not medically necessary.

Lexapro: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), SSRIs (selective serotonin reuptake inhibitors).

Decision rationale: According to the Official Disability Guidelines SSRIs are not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. At present, based on the records provided, and the evidence-based guideline review, the request is medically reasonable. However, the request is non-specific for dose, sig, and amount of medication; consequently, Lexapro is not medically necessary.

Savella: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): SNRIs (serotonin noradrenaline reuptake inhibitors).

Decision rationale: Recommended as an option in first-line treatment of neuropathic pain. Savella is a member of the Selective serotonin and norepinephrine reuptake inhibitors (SNRIs) class of antidepressants. It has FDA approval for treatment of depression and anxiety disorders. It is off-label recommended for treatment of neuropathic pain, diabetic neuropathy, fibromyalgia, and headaches. The patient is diagnosed with the above indications. However, the request is non- specific for dose, sig, and amount of medication; consequently, Savella is not medically necessary.

Cyclobenzaprine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: The Chronic Pain Treatment Guidelines do not recommend long-term use of muscle relaxants. There is no documented functional improvement from any previous use in this patient. The MTUS also state that muscle relaxants are no more effective than NSAID's alone. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. Cyclobenzaprine is not medically necessary.