

Case Number:	CM15-0188790		
Date Assigned:	09/30/2015	Date of Injury:	05/17/2013
Decision Date:	12/09/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/25/2015

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: Tennessee, Florida, Ohio
 Certification(s)/Specialty: Surgery, Surgical Critical Care

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 5-17-13. A review of the medical records indicates she is undergoing treatment for cervical radiculopathy and C5-6 and C6-7 disc bulges. Medical records (2-5-15 to 8-26-15) indicate ongoing complaint of neck pain with radiation to hands with numbness and tingling. The physical exam (8-26-15) reveals diminished range of motion of the cervical spine, positive Spurling's test, and positive axial loading compression test. Tenderness is noted at bilateral trapezius muscles with spasm. Diagnostic studies have included x-rays of the cervical spine, right shoulder, right elbow, and right wrist, MRIs of the cervical spine, right shoulder, right elbow, right wrist, bilateral hips, and right brachial plexus, and an EMG-NCV of the right upper extremity. Treatment has included weight management, ice, a home exercise program, a right stellate ganglion injection on 3-16-15, and a cervical epidural steroid injection in February 2015, as well as medications. She is being followed by a pain management specialist. The records indicate no relief of pain following the stellate ganglion injection and "greater than 50%" relief of symptoms for 3-4 months from the cervical epidural steroid injection. Her medications include Lyrica 100mg twice daily, Norco 10-325, 1 tablet every 6 hours, Soma 350mg twice daily, and OxyContin 10mg twice daily. The injured worker has been receiving Soma and Norco since, at least, 10-21-14 and OxyContin since, at least, 6-3-15. The records indicate her medications "allow 80% relief of symptoms". She reports that her pain affects her ability to sleep, indicating that she is only sleeping one hour per night, as well as difficulty with walking, sitting, and standing. She is not currently (8-26-15) working. The request for authorization (7-2-15) includes a cervical epidural steroid injection to

bilateral C5-6 under fluoroscopy and a follow-up office visit. The utilization review (8-31-15) includes request for authorization of the noted cervical epidural steroid injection and follow-up visit, as well as Norco 10-325mg, 1 tablet every 6 hours; NTE 4 daily - two prescriptions - one to be filled 7-29-15 #120 with one refill, Soma 350mg, 1 tablet twice daily - two prescriptions - one to be filled 7-29-15 #60 with one refill, and OxyContin 10mg, 1 tablet twice daily #60. All requested treatments are denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg, one tab bid; two prescriptions - one to be filled 07/29/15 #60 refills: 1: 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): Muscle relaxants (for pain).

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. In accordance with the California MTUS guidelines, soma is a DEA Class IV muscle relaxant and muscle relaxants are not recommended for the treatment of chronic pain. From the MTUS guidelines: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic back pain. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." This patient has been diagnosed with chronic back pain of the lumbar and thoracic spine. Per MTUS, the use of a muscle relaxant is not indicated. Therefore, based on the submitted medical documentation, the request for Soma is not medically necessary.

Steroid cervical epidural under fluoroscopy at bilateral C5-6: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Back Pain, Epidural Injection Therapy.

Decision rationale: There is sufficient clinical information provided to justify the medical necessity of this request for this patient. Per the California MTUS Chronic Pain Treatment Guidelines, epidural steroid injections are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." Per MTUS criteria, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." This patient has been demonstrated to having radiculopathy present on imaging. Results of an EMG supporting the patient's neurologic complaints are also documented. MRI supports the patient's cervical disc

disease with radiculopathy as well. Hence, the procedure is indicated by MTUS guidelines since fluoroscopic guidance has been requested at a single level without repeat injection therapy. Therefore, based on the submitted medical documentation, the request for an epidural steroid injection is medically necessary.

Follow-up office visit post injection with pain management: Overturned

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

Decision rationale: There is sufficient clinical information provided to justify the medical necessity of a follow-up visit for this patient. The California MTUS guidelines state: "Frequency of follow-up visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. These visits allow the physician and patient to reassess all aspects of the stress model (symptoms, demands, coping mechanisms, and other resources) and to reinforce the patient's supports and positive coping mechanisms." Additionally, "Follow-up by a physician can occur when a change in duty status is anticipated (modified, increased, or full duty) or at least once a week if the patient is missing work." This patient has chronic back pain that has been evaluated by pain management and recommended to receive epidural steroid injection therapy. Follow-up after procedures is recommended and supported by MTUS. Therefore, based on the submitted medical documentation, the request for follow-up pain consultation is medically necessary.

Norco 10/325mg; one tab q6h; NTE 4qd; two prescriptions - one to be filled 07/29/15 #120 refills: 1: 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): Opioids, criteria for use.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this medication for this patient. The clinical records submitted do not support the fact that this patient has a dose, which does not exceed 120 mg oral morphine equivalents per day. In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommends that dosing "not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose." The dose of opioids prescribed this patient far exceeds that of 120mg oral morphine equivalents per day. Therefore, based on the submitted medical documentation, the request for Norco is not medically necessary.

Oxycontin 10mg; one tab bid #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): Opioids for chronic pain.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this medication for this patient. The clinical records submitted do not support the fact that this patient has a dose, which does not exceed 120 mg oral morphine equivalents per day. In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommends that dosing "not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose." The dose of opioids prescribed this patient far exceeds that of 120mg oral morphine equivalents per day. Therefore, based on the submitted medical documentation, the request for Oxycontin is not medically necessary.