MAXIMUS Federal Services

Case Number:	CM15-0197316		
Date Assigned:	10/16/2015	Date of Injury:	01/20/2010
Decision Date:	11/25/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/07/2015

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: New Jersey, New York
Certification(s)/Specialty: Family Practice

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 47 year old female who sustained an industrial injury on 1-20-2010. A review of medical records indicates the injured worker is being treated for degenerative disc disease. Medical records dated 9-11-2015 noted persistent neck pain both anteriorly and posteriorly and neuropathy of both arms. Treatment has included 12 rounds of physical therapy an aqua therapy. She also has 2 epidural steroid injections with approximately 1 month of relief. She also takes Neurontin and methadone for pain. She reported difficulty with ambulation secondary to low back pain. Physical examination noted SILT decreased in upper extremity bilaterally and left lower extremity. There is positive Hoffman's bilaterally. MRI of the cervical spine revealed mild degenerative disc disease above the level of the previous fusion but there is not obvious central or foraminal stenosis. Utilization review form dated 10-6-2015 noncertified epidural block, cervical spine, Oxycodone 30mg, and Brintellix.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural block, cervical spine: Upheld

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

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

Decision rationale: The request for a cervical epidural steroid injection is considered not medically necessary. The guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In the chart, there no was documentation of worsening neurological deficits on exam. The patient had an MRI which did not support findings of radiculopathy. The patient had previous ESI. There needs to be documentation of 50% reduction of pain and decreased medication use for 6-8 weeks to show efficacy. The level of the ESI was also not included in the request. Therefore, the request is considered not medically necessary.

Oxycodone 30mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list.

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

Decision rationale: The request for Oxycodone is not medically necessary. The patient has been on chronic opioids. The chart does not provide any documentation of improvement in pain and function with the use of Oxycodone. There are no documented urine drug screens or drug contracts, or long-term goals for treatment. The 4 A's of ongoing monitoring were not adequately documented. The patient had continued pain and it was unclear what kind of relief Oxycodone provided for the chronic neck pain. Because there was no documented improvement in pain or evidence of objective functional gains with the use of Oxycodone, the long-term efficacy is limited, and there is high abuse potential, the risks of Oxycodone outweigh the benefits. The patient was also on methadone. The request is considered not medically necessary.

Brintellix 10mg: Upheld

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

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

Decision rationale: The request is considered not medically necessary. There was no documentation of functional improvement while on Brintellix. The patient had the diagnosis of depression and anxiety, but there is no clear documentation with psychological assessments such as Beck Depression Inventory to indicate the medical necessity for the medication. There is no documentation of improvement of depressive symptoms. Therefore, the request is considered not medically necessary.