

Case Number:	CM15-0023016		
Date Assigned:	02/12/2015	Date of Injury:	09/01/2012
Decision Date:	03/25/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/06/2015

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 York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 (IW) is a 49-year-old female who sustained an industrial injury on 09/01/2012. She has reported neck and right shoulder pain. Diagnoses include neck pain, chronic; cervical stenosis of spine; degenerative disc disease, cervical; and chronic pain syndrome. Treatment to date includes Norco, naproxen, Flexeril, omeprazole and Lyrica. A progress note from the treating provider dated 01/15/2015 indicates the IW feels her neck pain is increasing in its intensity and rates it as an 8-10 without medications and 7-10 with medications. There are no new symptoms or neurologic changes. On examination there is moderate tenderness over the cervical paraspinals, tenderness over the facet joints, and cervical spine range of motion is reduced in all planes. The right shoulder had diffuse upper trapezius and interscapular tenderness to palpation and increased pain noted with abduction. A cervical MRI of 06/23/2014 shows a slight contact of the spinal cord by several small disc protrusions C3-4, C4-5, and C5-6. The neural foramen appears patent at C5-7. The provider plans continuation of medical management and requests an Epidural injection. On 01/29/2015, Utilization Review non-certified a request for Interlaminar CESI at C6-7 with fluoroscopic guidance and conscious sedation. The MTUS were cited. On 01/29/2015 Utilization Review modified a request for Lyrica 75mg #60 to Lyrica 75 mg #30 to allow for weaning. The MTUS Chronic Pain Guidelines were cited. On 01/29/2015, Utilization Review modified a request Norco 5/325mg #120 to Norco 5/325mg #30 to allow for weaning. 01/29/2015 - 02/26/2015. The MTUS Chronic Pain Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interlaminar CESI at C6-7 with fluoroscopic guidance and conscious sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, 9792.26 Page(s): 35.

Decision rationale: Per the guidelines, epidural spine injections are recommended as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 injections. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months, and there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. Though the history does suggest radicular pathology, the worker does not meet the criteria as there is not clear evidence in the records that the worker has failed conservative treatment with exercises, physical methods, NSAIDS and muscle relaxants. A cervical epidural injection (in question here) is not medically substantiated.

Norco 5/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, 9792.26 Page(s): 74-80.

Decision rationale: Per the guidelines, in opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 1/15 fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to opioids to justify use per the guidelines. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity of norco is not substantiated in the records.

Lyrica 75mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica) Page(s): 19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, 9792.26 Page(s): 19-20.

Decision rationale: Pregabalin or Lyrica has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. The medical records fail to document any improvement in pain, functional status or a discussion of side effects specifically related to Lyrica to justify use nor a diagnosis of diabetic neuropathy or postherpetic neuralgia. The medical necessity of Lyrica is not substantiated in the records.