

Case Number:	CM15-0025490		
Date Assigned:	02/18/2015	Date of Injury:	08/08/2008
Decision Date:	04/10/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/10/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 61-year-old male who sustained an industrial related injury on 4/7/99. The injured worker had complaints of low back, neck, and bilateral hand pain. Diagnoses included degeneration of cervical intervertebral disc, cervical disc displacement, lumbar disc displacement, cervical radiculitis, lumbar radiculopathy, low back pain, and carpal tunnel syndrome. Treatment included lumbar epidural steroid injections and ice/heat application. The last cervical epidural injection was performed more than 3 years ago. The past surgery history was significant for multiple cervical fusions and revision surgeries. The neurosurgeons did not recommend any further routine cervical surgery. There are many pre and post fusion imaging reports on file showing multiple level of disc bulges and intact fusion hardware. There was subjective complaints of anxiety and neck pain radiating to bilateral upper extremities associated with numbness, tingling and muscle weakness. There was also complaint of low back pain radiating to bilateral lower extremities associated with leg weakness. The objective findings included decreased range of motion of the cervical and lumbar spines, tenderness to palpation of the paraspinal muscles and decreased sensation along the C5, L5 and S1 dermatomes. The ADL was severely affected despite medications management. The use of P-Stim was not beneficial but the last sets of cervical epidural injections was reported to be beneficial. The medications listed are Neurontin, Soma, Norco, Zofran, Roxicodone and Xanax. There was no UDS available for this review. The treating physician requested authorization for a C7 cervical steroid injection, epidurography, monitored anesthesia care, Norco 10/325mg #50, Soma 350mg #15, Zofran 4mg #9, Roxicodone 15mg #85, and Xanax 1mg #30. On 1/13/15, the requests were non-certified.

Regarding the cervical steroid injection, the utilization review (UR) physician cited the Medical Treatment Utilization Schedule (MTUS) guidelines and noted there was no clear documentation of benefit from any previous procedures. Regarding epidurography and anesthesia the UR physician cited the MTUS guidelines and noted due to the steroid injection being non-certified the associated services were also non-certified. Regarding Norco, the UR physician cited the MTUS guidelines and noted there was insufficient functional and quantified benefit. Regarding Soma, the UR physician cited the MTUS guidelines and Official Disability Guidelines. The UR physician noted this medication is not recommended for long-term use. Regarding Zofran, the UR physician cited Medscape and noted there is no clear indication for this medication nor was there a sufficient rationale provided for its use. Regarding Roxicodeone, the UR physician cited the MTUS guidelines and noted the medical records do not demonstrate sufficient quantified or functional benefit. Regarding Xanax, the UR physician cited the MTUS guidelines and noted benzodiazepines are not recommended for long-term use. Therefore, the requests were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Steroid Injection C7: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.23.1 Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Neck and Upper Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that cervical epidural steroid injections can be utilized for the treatment of cervical radiculopathy pain that did not respond to conservative treatments with medications and PT. The records indicate that the patient have failed conservative management with medications and PT. The patient had also completed all spine surgical options available. There is documentation of subjective, objective and radiological findings consistent with the diagnosis of cervical radiculopathy. The patient reported significant pain relief following the last cervical epidural injection about 3 years ago. The criteria for fluoroscopic guided cervical epidural steroid injection C7 under Monitored Anesthesia Care was met.

Epidurography: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.23.1 Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Neck and Upper Back Epidural Steroid Injections.

Decision rationale: The CA MTUS and the ODG guidelines recommend that cervical epidural steroid injections can be utilized for the treatment of cervical radiculopathy pain that did not respond to conservative treatments with medications and PT. The records indicate that the patient have failed conservative management with medications and PT. The patient had also completed all spine surgical options available. There is documentation of subjective, objective and radiological findings consistent with the diagnosis of cervical radiculopathy. The patient reported significant pain relief following the last cervical epidural injection about 3 years ago. The criteria for fluoroscopic guided cervical epidural steroid injection was met. Because epidurography is regarded as an integral component of fluoroscopic guided epidural injection, the criteria for a separate Epidurography was not met.

Monitored Anesthesia Care: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Neck and Upper Back. Monitored Anesthesia Care.

Decision rationale: The CA MTUS and the ODG guidelines recommend that cervical epidural steroid injections can be utilized for the treatment of cervical radiculopathy pain that did not respond to conservative treatments with medications and PT. The records indicate that the patient have failed conservative management with medications and PT. The patient had also completed all spine surgical options available. There is documentation of subjective, objective and radiological findings consistent with the diagnosis of cervical radiculopathy. The patient reported significant a significant history of anxiety disorder. The guidelines recommend that sedation can be utilized during epidural steroid injections in patients with significant anxiety or phobia to reduce movements and agitation. The criteria for fluoroscopic guided cervical epidural steroid injection under Monitored Anesthesia Care was met.

Norco 325mg-10 mg #50: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. Opioids can also be utilized for maintenance treatment when all treatment options including surgeries have failed. The chronic use of opioids is associated with the development of tolerance, dependency, opioid induced hyperalgesia, sedation, addiction and adverse interaction with other sedatives. The use of multiple short acting opioids is associated

with increased risk of adverse effects. The guidelines recommend documentation of compliance monitoring that include serial UDS, absence of aberrant drug behavior and functional restoration during chronic opioid treatment. The records show that the patient is utilizing multiple short acting opioids rather than sustained release formulations. There was no documentation of the guidelines required compliance monitoring provided. There is no documentation of failure of treatment with NSAIDs or co-analgesics that can decrease opioids requirements. The criteria for the use of Norco 10/325mg was not met.

Soma 350 mg #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29. Decision based on Non-MTUS Citation ODG-TWC.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 29,65. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Muscle Relaxants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for short-term treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of muscle relaxants is associated with the development of tolerance, dependency, sedation, addiction and adverse interaction with other sedatives. The use of Soma is associated with a higher incidence of these adverse effects because of the action of the active metabolite meprobamate, which has anesthetic activities. The records indicate that the patient is utilizing multiple opioids and sedative medications. The criteria for the use of Soma 350mg #15 was not met.

Zofran 4mg #9: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Antiemetics.

Decision rationale: The CS MTUS and the ODG guidelines did not recommend routine utilization of antiemetic medications because the nausea and vomiting during chronic opioid treatment is self-limiting. The use of Zofran is recommended for short-term treatment of nausea and vomiting associated with chemotherapy, in acute care setting and intractable migraine that have failed standard antiemetic treatments. The records did not indicate that the patient was diagnosed with these indications for the use of Zofran. The criteria for the use of Zofran 4mg #9 was not met.

Roxicodone 15mg #85: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. Opioids can also be utilized for maintenance treatment when all treatment options including surgeries have failed. The chronic use of opioids is associated with the development of tolerance, dependency, opioid induced hyperalgesia, sedation, addiction and adverse interaction with other sedatives. The use of multiple short acting opioids is associated with increased risk of adverse effects. The guidelines recommend documentation of compliance monitoring that include serial UDS, absence of aberrant drug behavior and functional restoration during chronic opioid treatment. The records show that the patient is utilizing multiple short acting opioids rather than better efficacious sustained release formulations. There was no documentation of the guidelines required compliance monitoring provided. There is no documentation of failure of treatment with NSAIDs or co-analgesics that can decrease opioids requirements. The criteria for the use of Roxicodone 15mg #85 was not met.

Xanax 1mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 24, 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Mental Illness and Stress.

Decision rationale: The CA MTUS and the ODG guidelines recommend that anxiolytic medications can be utilized for short-term periods of less than 4 weeks while long-term treatment of anxiety disorder is implemented. The chronic use of benzodiazepines for the treatment of anxiety disorder is associated with rapid development of tolerance, dependency, addiction, sedation and adverse interactions with opioids and sedatives. It is recommended that antidepressant medications with anxiolytic and analgesic actions such as duloxetine be utilized as first line medications in chronic pain patients with significant psychosomatic and mood disorder. There is no documentation of compliance monitoring including serial UDS and functional restoration. The criteria for the use of Xanax 1mg #30 was not met.