

Case Number:	CM15-0029467		
Date Assigned:	02/23/2015	Date of Injury:	03/02/2009
Decision Date:	04/09/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/17/2015

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
 Certification(s)/Specialty: Anesthesiology

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 50 year old male, who sustained an industrial injury on March 2, 2009. He has reported neck pain radiating to the upper extremities with associated tingling in the bilateral hands, frequent muscle spasms in the neck, low back pain, bilateral lower extremity pain and testicle pain with associated grinding of the teeth at night. The diagnoses have included cervical radiculopathy, lumbar facet arthropathy, lumbar radiculopathy, ilioinguinal neuralgia, gastroesophageal reflux disease, medication related dyspepsia, chronic pain, thoracic spine herniated nucleus pulposus, chronic nausea and vomiting and anxiety with depression. Treatment to date has included radiographic imaging, diagnostic studies, epidural steroid injections, conservative therapies, medications and work restrictions. Currently, the IW complains of radiating to the upper extremities with associated tingling in the bilateral hands, frequent muscle spasms in the neck, low back pain, bilateral lower extremity pain and testicle pain with associated grinding of the teeth at night. He also reports nausea and constipation. The injured worker reported an industrial injury in 2009, resulting in chronic pain as previously noted. He was treated conservatively without resolution of the pain. He continued to require pain medications to control the pain. He was treated with epidural steroid injections in October, 2013 and of the thoracic spine on April 1, 2014. He reported up to a periodic, 50% resolution of pain with the injections. Evaluation on January 13, 2015, revealed continued complaints of pain. Medications were renewed. On February 4, 2015, Utilization Review non-certified a request for bilateral transforaminal epidural injections using fluoroscopy, open magnetic resonance imaging of the cervical spine with intravenous sedation, urine drug screens, pantoprazole DR 20mg #90,

Naloxone 0.4mg/ml syringe #1, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On February 10, 2015, the injured worker submitted an application for IMR for review of requested bilateral transforaminal epidural injections using fluoroscopy, open magnetic resonance imaging of the cervical spine with intravenous sedation, urine drug screens, pantoprazole DR 20mg #90, Naloxone 0.4mg/ml syringe #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3-5 Transforaminal Epidural Steroid Injection using Fluoroscopy: 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 Epidural Steroid Injections Page(s): 46.

Decision rationale: A selective nerve root block, or transforaminal epidural steroid injection (ESI), is a variation of the traditional midline ESI; the spinal nerve roots exit the spine laterally. Based on a patient's medical history, a physical exam, and MRI findings, often a specific inflamed nerve root can be identified. According to the CA MTUS guidelines, criteria for ESI's include the following: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro-diagnostic testing; initially unresponsive to conservative treatment; and no more than two nerve root levels should be injected using transforaminal blocks. In this case, the documentation indicates that the patient had undergone previous ESI therapy. There is no information provided on the date of the previous epidural, the exact ESI performed, or documentation before or after the ESI, indicating a reduction in medication use, which would indicate a guideline requirement. Medical necessity of the requested bilateral L3-L5 transforaminal ESI using fluoroscopy has not been established. The requested service is not medically necessary.

Open MRI of the Cervical Spine with IV Sedation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck Chapter, MRI, Standing MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) MRI.

Decision rationale: According to CA MTUS/ACOEM guidelines, a cervical MRI is indicated if unequivocal findings identify specific nerve compromise on the neurologic examination, in patients who do not respond to conservative treatment, and who would consider surgical intervention. Cervical MRI is the mainstay in the evaluation of myelopathy. Per ODG, MRI should be reserved for patients who have clear-cut neurologic findings and those suspected of ligamentous instability. Repeat MRI is not routinely recommended, and should be reserved for a

significant change in symptoms and/or findings suggestive of significant pathology. In this case, the documentation indicates that the patient had a previous cervical MRI which did not reveal nerve impingement. There are no new neurologic findings on physical exam to warrant another MRI study. Medical necessity for the requested service is not established. The requested service is not medically necessary.

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Urine Drug Testing.

Decision rationale: According to CA MTUS (2009), a urine drug screen is recommended as an option to assess for the use or the presence of illegal drugs. According to ODG, urine drug testing (UDT) is a recommended tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. In this case, all opioid medication has been denied with the denials upheld in the IMR process. There is no indication for a UDT. Medical necessity for the requested UDT is not established. The requested test is not medically necessary.

Pantoprazole DR 20mg #60: 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 Proton Pump Inhibitors Page(s): 68.

Decision rationale: According to CA MTUS (2009), proton pump inhibitors (PPIs), such as Pantoprazole (Protonix), are recommended for patients taking NSAIDs with documented GI distress symptoms or specific GI risk factors. There is no documentation indicating the patient has any GI symptoms or GI risk factors. Risk factors include, age >65, history of peptic ulcer disease, GI bleeding, concurrent use of aspirin, corticosteroids, and/or anticoagulants or high-dose/multiple NSAIDs. The patient had NSAID related dyspepsia requiring PPI therapy, but is not currently taking an NSAID. Based on the available information provided for review, the medical necessity for Pantoprazole has not been established. The requested medication is not medically necessary.

Senokot-S 8.6-50mg #90: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Senekot.

Decision rationale: Opioid-induced constipation is a common adverse effect of long-term opioid use because of the binding of opioids to peripheral opioid receptors in the gastrointestinal tract, resulting in absorption of electrolytes and reduction in small intestine fluid. Senokot is a stimulant laxative and is used to relieve occasional constipation. According to ODG, if opioids are determined to be appropriate for the treatment of pain then prophylactic treatment of constipation should be initiated. In this case, with non-approval of opioid use, the medical necessity of Senokot is not established. The requested medication is not medically necessary.

Naloxone 0.4mg/ml syringe, use as directed #1: 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) Opioids, Opioid antagonist and Other Medical Treatment Guidelines Medscape Internal Medicine 2014, Naloxone.

Decision rationale: Naloxone (Narcan) is an opioid antagonist. It is most often used to reverse the effects of agonists and agonist-antagonist derived opioids, and is used to reverse the effects of opioids in an overdose. It will usually reverse the depression of the central nervous system, respiratory system, and hypotension. Naloxone may be combined with opioids that are taken by mouth to decrease the risk of their misuse. In this case, with non-approval of opioid use, the medical necessity of Naloxone is not established. The requested medication is not medically necessary.