

Case Number:	CM15-0211649		
Date Assigned:	10/30/2015	Date of Injury:	09/08/1988
Decision Date:	12/11/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	10/28/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 is a 65 year old female with an industrial injury dated 09-08-1988. A review of the medical records indicates that the injured worker is undergoing treatment for cervical discopathy with disc displacement, cervical radiculopathy, right shoulder rotator cuff tear, lumbar discopathy with disc displacement, and lumbar radiculopathy. According to the progress note dated 10-02-2015, the injured worker reported neck pain radiating down bilateral arms associated with numbness and tingling. The injured worker also reported low back pain with radiation to the bilateral legs associated with numbness and tingling. The neck and low back pain are aggravated by movement and cold weather. Documentation noted that the injured worker has had successful control of pain with present pain medication regimen. Current medications include Fexmid, Paxil, Prilosec, Ultram ER, Norco (since at least March of 2015), Gabapentin (since at least August 29, 2015), and Cyclobenzaprine 10%-Tramadol 10% topical cream. Pain level score was not documented in report (10-02-2015). Objective findings (08-29-2015, 10-02-2015) revealed tenderness to palpitation over the cervical paraspinal musculature with decreased range of motion secondary to pain and stiffness, positive Spurling's sign bilaterally, and positive Hoffman's sign in the bilateral upper extremity. Bilateral shoulder exam revealed tenderness to palpitation over the acromioclavicular joint and decreased range of motion secondary to pain and stiffness. Lumbar spine exam revealed tenderness to palpitation of the lumbar paraspinal musculature with decreased range of motion secondary to pain and stiffness, and positive bilateral straight leg raises. Sensory exam revealed decreased sensation at the bilateral C5-C6 and bilateral L5-S1 dermatomes. Treatment has included diagnostic studies,

prescribed medications, and periodic follow up visits. The injured worker was on temporary total disability. The utilization review dated 10-23-2015, non-certified the request for Cervical epidural steroid injections x 3, Norco 10-325mg, #120 and modified the request for Gabapentin 300mg,#15 (original: #30) for weaning purposes. The medications are office dispensed and several drug screens have been negative for opioids that are reported to be dispensed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg, #30: 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): Anti-epilepsy drugs (AEDs).

Decision rationale: MTUS Guidelines support the use of Gabapentin under specific standards. These standards include a secondary improvement in pain of 30% or more. There is no documentation that supports this level of benefit. The pain levels are not quantified and improvements due to the use of Gabapentin are not reported. There are no unusual circumstances to justify an exception to Guideline recommendations. The Gabapentin 300mg, #30 is not supported by Guidelines and is not medically necessary.

Norco 10/325mg, #120: 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, Functional improvement measures.

Decision rationale: MTUS Guidelines have specific recommended standards to justify the use of opioid medications for chronic musculoskeletal pain. These standards include careful and detailed documentation of the amount of pain relief, the length of pain relief, functional benefits and the absence of drug related aberrant behaviors. These standards have not been met. The amount and length of pain relief is not mentioned. Functional changes as a result of use is not documented. There have been several drug screens that are inconsistent with the opioids that are dispensed and this problem has not been addressed. Under these circumstances, the Norco 10/325mg, #120 is not supported by Guidelines and is not medically necessary.

Cervical epidural steroid injections, #3: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

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

Decision rationale: MTUS Guidelines do not recommend an automatic series of 3 epidural injections. The Guidelines recommend an initial injection and no 2nd injection if there is no response to the 1st injection. If there is a 2nd injection given, a 3rd injection is not supported unless there is a long term significant benefit. The serial evaluation of each injection is recommended by Guidelines and this request is not consistent with the recommendation. There are no unusual circumstances to justify an exception to Guidelines. The Cervical epidural steroid injections, #3 is not medically necessary.