MAXIMUS Federal Services

Case Number:	CM15-0218918		
Date Assigned:	11/10/2015	Date of Injury:	03/01/2008
Decision Date:	12/22/2015	UR Denial Date:	11/02/2015
Priority:	Standard	Application Received:	11/06/2015

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: Texas, Florida, 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 55 year old male, who sustained an industrial injury on 3-1-2008. Medical records indicate the worker is undergoing treatment for cervical 5-7 disc protrusions with cervical spondylosis, right medial and lateral epicondylitis, low back pain and cervical degenerative disc disease. A recent progress report dated 10-19-2015, reported the injured worker complained of neck pain, thoracic pain and lateral epicondyle pain rated 4-5 out of 10 with medications and 10 out of 10 without medications. Physical examination revealed 50% range of motion with cervical rotation and 80% with flexion and reduced sensation in the cervical 6 dermatome. The lumbar area was tender over the bilateral lumbar 4-5 and lumbar 5 to sacral 1 and sacroiliac tenderness and the bilateral elbows were tenderness to palpation on the lateral epicondyle. Treatment to date has included cervical epidural steroid injection on 4-14-2015 with 50% pain relief for 5 months, TENS (transcutaneous electrical nerve stimulation), physical therapy and Kadian. The physician is requesting cervical 6-7 Interlaminar epidural steroid injection with moderate sedation and fluoroscopic guidance and Kadian 20mg #60-10-19-2015. On 11-2-2015, the Utilization Review noncertified the request for cervical 6-7 Interlaminar epidural steroid injection with moderate sedation and fluoroscopic guidance and Kadian 20mg #60-10-19-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

C6-7 Interlaminar epidural steroid injection with moderate sedation and fluoroscopic guidance: 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: This claimant was injured now 7 years ago. Past cervical ESI reportedly rendered 50% improvement over several months. Objective, functional improvement is not noted out of that past ESI. The current California web-based MTUS collection was reviewed in addressing this request. They do not specifically isolate the neck are for these injections. The ODG and other sources simply as of late do not support cervical ESI. Per the ODG: 1. Recent evidence: ESIs should not be recommended in the cervical region, the FDA's Anesthetic and Analgesic Drug Products Advisory Committee concluded. Injecting a particulate steroid in the cervical region, especially using the transforaminal approach, increases the risk for sometimes serious and irreversible neurological adverse events, including stroke, paraplegia, spinal cord infarction, and even death. The FDA has never approved an injectable corticosteroid product administered via epidural injection, so this use, although common, is considered off-label. Injections into the cervical region, as opposed to the lumbar area, are relatively risky, and the risk for accidental injury in the arterial system is greater in this location. (FDA, 2015) 2. An AMA review suggested that ESIs are not recommended higher than the C6-7 level; no cervical interlaminar ESI should be undertaken at any segmental level without preprocedural review; & particulate steroids should not be used in therapeutic cervical transforaminal injections. (Benzon, 2015) 3. According to the American Academy of Neurology (AAN), ESIs do not improve function, lessen need for surgery, or provide long-term pain relief, and the routine use of ESIs is not recommended. They further said that there is in particular a paucity of evidence for the use of ESIs to treat radicular cervical pain. (AAN, 2015) Based on evidence-based review, the request is not medically necessary.

Kadian 20mg, #60 (Prescribed 10/19/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

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

Decision rationale: Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 page 79, 80 and 88 of 127.This claimant was injured now 7 years ago. Past cervical ESI reportedly rendered 50% improvement over several months. Objective, functional improvement is not noted out of the opiate regimen. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue

Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids (a) If the patient has returned to work. (b) If the patient has improved functioning and pain.In the clinical records provided, it is not clearly evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not medically necessary per MTUS guideline review.