

Case Number:	CM15-0055092		
Date Assigned:	04/16/2015	Date of Injury:	08/27/2001
Decision Date:	06/08/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/23/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 54-year-old, female who sustained a work related injury on 8/27/2001. The mechanism of injury was not provided. The diagnoses have included cervical disc displacement without myelopathy, carpal tunnel syndrome bilaterally and status post cervical fusion. Treatments have included cervical spine surgery, bilateral carpal tunnel surgeries, spinal cord stimulator, medications, cervical epidural steroid injections, medications, physical therapy and home exercise program. In the Visit Note dated 3/5/15, the injured worker complains of chronic neck pain. She complains of pain that radiates into both arms. She is having some benefit from physical therapy and has better strength. She states previous cervical epidural injections helped to reduce the radiating pain down both arms by 50%. She states it lasted for about four months and she was more functional. Upon physical examination of the cervical spine, she was noted to have tenderness to palpation over the cervical paraspinal muscles. Range of motion was decreased by 40% with flexion, 30% with extension, and 30% with rotation bilaterally. Sensations were intact to light touch at the bilateral upper extremities. Grip strength was mildly decreased of the right hand. The treatment plan is formal requests for authorization for a cervical epidural steroid injection, a cervical epidurogram and medications. The Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection at C3-C4; and each additional level x 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of epidural steroid injections.

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

Decision rationale: The California MTUS Guidelines state that repeat epidural steroid injections should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks after previous injection. The clinical documentation submitted for review does indicate that the injured worker reported about 50% reduction in pain and indicated it lasted for about 4 months. The injured worker also reported she was able to be more functional. However, there was no evidence of medication reduction for at least 6 to 8 weeks after the injection. Furthermore, there was no evidence of neurological deficits upon physical examination to warrant a repeat epidural steroid injection. Given the above information, the request is not supported by the guidelines. As such, the request is not medically necessary.

Cervical Epidurogram; insertion of cervical catheter with fluoroscopic guidance & IV sedation: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Ibuprofen 800mg #60 x 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

Decision rationale: The California MTUS guidelines recommended at the lowest dose for the shortest period in patients with moderate to severe pain. The patient has been on the requested medication since at least 11/2014. The clinical documentation submitted for review does not provide evidence of a quantifiable pain scale with and without medication use. Additionally, there was no evidence of increased function with use of the medication. Furthermore, it was noted that the injured worker has been on the medication since at least 11/2014, which surpasses the short use recommended by the guidelines. Given the above information, the request is not

supported by the guidelines. As such, the request for ibuprofen 800mg #60 x 5 refills is not medically necessary.

Ambien 5mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability 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, Zolpidem (Ambien).

Decision rationale: The Official Disability Guidelines recommend for a short-term (7-10 days) treatment of insomnia. Additionally, the guidelines state while sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. There is also concern they can be habit-forming and may increase pain and depression over the long-term. The clinical documentation lacks evidence of complaints of insomnia from the injured worker. Additionally, the request as submitted failed to indicate a frequency of use. Furthermore, the patient has been on the requested medication since at least 12/2014, and the guidelines only recommend for short-term treatment. Given the above information, the request is not supported by the guidelines. As such, the request for Ambien 5mg #30 is not medically necessary.

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The California MTUS Guidelines state that ongoing management of opioid use should include ongoing review and documentation of pain relief, functional status, appropriate medications use and side effects. The patient has been on the request medication since 11/2014. The clinical documentation submitted for review does not provide evidence of quantifiable pain scale with and without medication use. Furthermore, there is no evidence of increased function with use of the medication. Moreover, there was no evidence of a consistent urine drug screen, verifying appropriate medication use. Lastly, the request as submitted does not provide a frequency of the medication. Given the above information, the request is not supported by the guidelines. As such, the request is not medically necessary.