MAXIMUS Federal Services

Case Number:	CM15-0086848		
Date Assigned:	06/03/2015	Date of Injury:	06/12/2005
Decision Date:	07/01/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	05/06/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 58 year old female injured worker suffered an industrial injury on 06/12/2005. The diagnoses included cervical fusion, cervical disc disease with radiculopathy, bilateral shoulder arthroscopy and left carpal tunnel syndrome. The injured worker had been treated with medications. On 3/26/2015 the treating provider reported pain in the cervical spine, left shoulder, left wrist and scapula, rated as 8/10 with morning medications. She reported the pain had increased along with numbness in the left arm. On exam the cervical spine had moderate tenderness and spasms along with facet tenderness with reduced range of motion. Both shoulders had reduced range of motion with the right more than the left along with positive impingement signs. The treatment plan included Norco, (L) Transfacet ESI, and Urine Toxicology Screening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325mg # 60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are status post anterior cervical discectomy and fusion C4-C5 and C5 - C6; cervical disc disease; cervical radiculopathy; status post bilateral shoulder arthroscopy; status post left wrist ganglion cyst removal; status post left carpal tunnel syndrome. The documentation shows the injured worker was taking tramadol in November 2014. In a progress note dated February 26, 2015, the injured worker was taking Norco 10/325 mg one pill twice a day. The most recent progress note in the medical record is dated March 26, 2015. The pain score remained elevated at 8/10 in both February 26, 2015 and March 26, 2015 progress note. The documentation does not demonstrate objective functional improvement with ongoing Norco. There are no detailed pain assessments. Consequently, absent clinical documentation with evidence of objective functional improvement to support ongoing Norco 10/325 mg with continued subjective pain scores 8/10 (despite Norco 10/325 mg use), Norco 10/325mg # 60 is not medically necessary.

(L) Transfacet ESI C5-6 and C6-7: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, Epidural steroid injection.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, left transfacet epidural steroid injection C-5 - C6 and C6 - C7 is not medically necessary. Cervical epidural steroid injections are not recommended based on recent evidence given the serious risks of the procedure in the cervical region and the lack of quality evidence for sustained benefit. While not recommended, cervical ESI may be supported with the following criteria. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, nonsteroidal anti-inflammatories and

muscle relaxants; in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks, etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response. etc. See the guidelines for details. In this case, the injured workers working diagnoses are status post anterior cervical discectomy and fusion C4-C5 and C5-C6; cervical disc disease; cervical radiculopathy; status post bilateral shoulder arthroscopy; status post left wrist ganglion cyst removal; status post left carpal tunnel syndrome. The documentation states the injured worker is status post cervical discectomy and fusion 2012 with resolution of radicular symptoms. The radicular symptoms have returned. Subjectively, according to a March 26, 2015 progress note, the injured worker complains of left upper extremity radicular subjective symptoms. Objectively, there are no sensory deficits in the upper extremities. There are no objective radicular findings in the medical record. Shoulder and elbow special testing were negative. Additionally, cervical epidural steroid injections are not recommended based on recent evidence given the serious risks of the procedure in the cervical region and the lack of quality evidence for sustained benefit. Consequently, absent guideline recommendations with evidence of objective radicular clinical findings, left transfacet epidural steroid injection C-5 - C6 and C6 - C7 is not medically necessary.

Urine Toxicology Screening: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screening Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine drug screening.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, urine toxicology screen is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. For patients at low risk of addiction/aberrant drug-related behavior, there is no reason to perform confirmatory testing unless the test inappropriate or there are unexpected results. If required, confirmatory testing should be the questioned drugs only. In this case, the injured worker's working diagnoses are status post anterior cervical discectomy and fusion C4-C5 and C5 - C6; cervical disc disease; cervical radiculopathy; status post bilateral shoulder arthroscopy; status post left wrist ganglion cyst removal; status post left carpal tunnel syndrome. The documentation shows the injured worker was taking tramadol in November 2014. In a progress note dated February 26, 2015, the injured worker was taking Norco 10/325 mg one pill twice a day. The most recent progress note in the medical record is dated March 26, 2015. The pain score remained elevated at 8/10 in both the February 26, 2015 and March 26,

2015 progress notes. The documentation does not demonstrate objective functional improvement with ongoing Norco. According to the February 26, 2015 progress note, a random urine drug screen was ordered and performed. The urine toxicology was consistent with ongoing medications. The most recent progress note dated March 26, 2015 show the treating provider repeated the urine drug toxicology screen. The treating provider concluded the patient was at a moderate risk for narcotic abuse, misuse and dependency. The narrative in the record, however, does not show any aberrant drug-related behavior, drug misuse or abuse. Additionally, urine drug toxicology screen from February 26, 2015 was consistent. Consequently, absent clinical documentation with a clinical indication and rationale for repeating the urine drug toxicology screen March 26, 2015 after a consistent urine drug toxicology screen was performed on February 26, 2015, in the absence of aberrant drug-related behavior, drug misuse or abuse, urine toxicology screen is not medically necessary.