

Case Number:	CM14-0110971		
Date Assigned:	08/01/2014	Date of Injury:	10/27/2011
Decision Date:	09/30/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/16/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 53-year-old male who reported an injury on 10/27/2011. The diagnoses included cervical radiculitis, chronic pain, bilateral elbow pain, bilateral shoulder pain. Previous treatments included physical therapy, medications. Diagnostic testing included an MRI, EMG/NCV. With the clinical note dated 06/24/2014, it was reported the injured worker complained of neck pain. She reported her neck pain radiated down the bilateral upper extremities. The pain radiated bilaterally to the hands. She reported the pain is accompanied by tingling and frequently in the bilateral upper extremities. The injured worker rates her pain 6/10 in severity without medication. Upon the physical examination, the provider noted the cervical spine revealed no gross abnormality. The provider indicated spasms were noted bilaterally in the paraspinal muscles. The spinal vertebrae had tenderness of the cervical spine of C3-7. The range of motion of the cervical spine was moderately limited due to pain. Pain was significantly increased with flexion and extension. The provider noted the injured worker's motor exam showed decreased strength in the extensor muscles and in the flexor muscles bilaterally. The MRI dated 04/18/2014, showed mild left neural foraminal narrowing at C3-4 and mild bilateral neural foraminal narrowing at C5-6 and C6-7. The provider noted the EMG of the upper extremities on cervical and lumbar spinal muscles bilaterally was normal. The nerve conduction study was abnormal due to mild slowing of sensory branches of the ulnar nerves from the elbows to the wrists bilaterally. The request submitted is for an appeal for bilateral C4-6 epidural and pantoprazole. However, a rationale was not provided for clinical review. The Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral C4-6 Epidural: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 47.

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

Decision rationale: The request for a bilateral C4-6 epidural is not medically necessary. The California MTUS guidelines recommend epidural steroid injections as an option for the treatment of radicular pain defined as pain in a dermatomal distribution with corroborative findings of radiculopathy. The guidelines note that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic study testing, initially unresponsive to conservative treatment, exercise, physical methods, NSAIDS, and muscle relaxants. The guidelines recommend if epidural steroid injections are used for diagnostic purposes, a maximum of 2 injections should be performed. There is lack of documentation indication the injured worker was unresponsive to conservative therapy including chest x-ray, physical methods, NSAIDS, and muscle relaxants. The diagnostic testing did not corroborate the finding of radiculopathy. Additionally, there is lack of significant neurological deficits such as decreased sensation or motor strength in a specific myotomal or dermatomal distribution. Therefore, the request is not medically necessary.

Pantoprazole 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The request for Pantoprazole 20 mg #30 is not medically necessary. The California MTUS Guidelines note proton pump inhibitors such as Pantoprazole are recommended for injured workers at risk for gastrointestinal events and/or cardiovascular disease. The risk factors for gastrointestinal events include over the age of 65, history of peptic ulcer, gastrointestinal bleeding or perforation, use of corticosteroids and/or anticoagulants. In the absence of risk factors for gastrointestinal bleeding events, proton pump inhibitors are not indicated when taking NSAIDS. The treatment of dyspepsia from NSAID usage includes stopping the NSAID, switching to a different NSAID, or adding an H2 receptor antagonist or proton pump inhibitor. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, there is lack of clinical documentation indicating the injured worker had a diagnosis of dyspepsia secondary to NSAID therapy. Therefore, the request is not medically necessary.

