

Case Number:	CM14-0118689		
Date Assigned:	09/23/2014	Date of Injury:	02/28/2011
Decision Date:	10/30/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/28/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of February 20, 2011. Thus far, the applicant has been treated with analgesic medications; opioid therapy; anxiolytic medications; unspecified amounts of physical therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated July 16, 2014, the claims administrator denied a request for multilevel cervical epidural steroid injections, denied a request for Norco, denied a request for Temazepam, denied a request for Robaxin, denied a request for MS Contin, denied a request for Voltaren gel. Several of the articles at issue were sought via a Request for Authorization form dated July 10, 2014 and July 11, 2014 and through a progress note dated June 10, 2014. In the June 10, 2014 progress note, the applicant reported persistent complaints of low back pain radiating into the bilateral lower extremities. The applicant stated that his ability to stand, walk, lift, bend, and sleep were all limited secondary to multifocal pain complaints. The applicant was pending a cervical epidural steroid injection to relieve headaches and neck pain, it was acknowledged. The applicant also had knee and low back pain complaints, it was noted. The applicant was on Norco, Soma, Temazepam, and Neurontin, it was further noted. The applicant was moving about with the aid of a cane. Upper and lower extremity strengths were highly variable, ranging from 3-5/5. Cervical and lumbar epidural steroid injection therapies were sought. Norco, Robaxin, Temazepam, Neurontin, and MS Contin were renewed. The applicant's work status was not clearly stated, although the attending provider implied that the applicant was no longer working as a custodian.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injections with catheter infusion at C2-3, C3-4, C4-5, C5-6, QTY: 4.00:
Upheld

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

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

Decision rationale: As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, no more than two nerve root levels should be injected using transforaminal blocks while no more than one interlaminar level should be injected at one session. The request, thus, for an epidural steroid injection targeting four levels runs counter to MTUS principles and parameters. Therefore, the request is not medically necessary.

Norco 10/325mg, QTY: 180.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is seemingly no longer working as a custodian, despite ongoing usage of Norco. The applicant is having difficulty performing activities of daily living as basic as standing, walking, lifting, and bending, despite ongoing opioid therapy with Norco. The applicant continued to report pain complaints as high as 8/10 on an office visit of June 10, 2014, despite ongoing usage of Norco. All of the above, taken together, does not make a compelling case for continuation of the same. Therefore, the request is not medically necessary.

Temazepam 30mg, QTY: 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as temazepam can be employed for "brief periods," in cases of

overwhelming symptoms, in this case, however, it appeared that the attending provider and/or applicant are intent on using temazepam for chronic, long-term, and scheduled use purposes, for sedative effect. This is not an ACOEM-endorsed role for Temazepam. Therefore, the request is not medically necessary.

Robaxin 750mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: As noted on page 63 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as Robaxin are recommended with caution as a second-line option for short-term treatment of acute exacerbations of chronic low back pain. The 60-tablet supply of Robaxin implies chronic, long-term, and/or scheduled use of the same and, thus, runs counter to MTUS principles and parameters. Therefore, the request is not medically necessary.

MS Contin 30mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant continues to report pain complaints in the 8/10; it was noted on June 10, 2014, despite ongoing usage of MS Contin. The applicant's ability to perform activities of daily living such as standing, walking, bending, and lifting remain limited, despite ongoing usage of MS Contin. The applicant has seemingly failed to return to work as a custodian, it was noted on the June 10, 2014 office visit, referenced above. All of the above, taken together, do not make a compelling case for continuation of the same. Therefore, the request is not medically necessary.

Volteren Gel 1%, QTY: 3.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Voltaren section. Page(s): 112.

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, Voltaren has not been evaluated for treatment for the spine, hip, and/or shoulder. In this case, the applicant's primary pain generators are, in fact, the cervical and lumbar spines, body parts for which Voltaren gel has not been evaluated. The attending provider did not furnish any compelling applicant-specific rationale which would offset the tepid-to-unfavorable MTUS position on the article at issue. Therefore, the request is not medically necessary.