

Case Number:	CM14-0122277		
Date Assigned:	09/16/2014	Date of Injury:	03/19/2001
Decision Date:	10/22/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/04/2014

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 is licensed to practice in Texas and Oklahoma. 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 54-year-old female who reported injury on 03/19/2001. The mechanism of injury was not provided. Prior treatments included physical therapy, lumbar epidural steroid injections, facet joint injections and medications. Surgical history and diagnostic studies were not provided. The diagnosis included cervicgia. There was a request for authorization submitted for the requested medications. The documentation of 07/01/2014 revealed the injured worker had elevated levels of pain in the lumbar spine and neck. In the cervical spine, the injured worker had significant muscle spasms along with tenderness and trigger point areas. The injured worker had radicular pain radiating to the bilateral upper extremities. The injured worker had diminished sensation to light touch, thermal and vibration in the bilateral upper extremities at C5 through T1. The injured worker had motor weakness strength in the right hand. The injured worker was noted to have difficulty sleeping and was noted to be written a prescription for Restoril 15 mg 1 to 2 tablets at bedtime to address the issue. The injured worker had spasms and pain in the upper trapezius for which she received injections. The physical examination revealed the injured worker had cervical muscle spasms along with multiple tender points in the upper trapezius muscle groups. The injured worker had areas of edema around the neck and chest as well as in the face. The spasms tend to trigger cervicogenic headaches. The pain radiates into the bilateral upper extremities and the documentation indicated the injured worker had a good outcome with a lumbar epidural steroid injection and had significant relief of the previous radicular pain as well as axial low back pain. The physical examination findings in the lower extremities had not changed appreciably. The treatment plan included Nucynta ER 50 mg 1 to 2 tablets by mouth twice a day for baseline pain, Aciphex 20 mg 1 by mouth up to twice a day for stomach issues secondary to chronic pain and medication use, Flexeril 10 mg 1 tablet by mouth as needed for severe muscle spasms, Paxil 10 mg 1 tablet by mouth daily for mood,

Terocin 4% patch every 12 hours, and Resteril 15 mg 1 to 2 tablets by mouth at bedtime for sleep. The injured worker's medication history includes Ambien, Paxil, Tizanidine, and Flexeril as well as Nucynta in 11/2013. Aciphex was added in 02/2014 and Temazepam was added as of 04/22/2014. The documentation of 04/22/2014 revealed the injured worker had a history of cervical epidurals with the most recent one resulting in approximately 65% decrease in the injured worker's radicular pain. The injured worker had the epidural last between 6 months and 1 year. The request was made for a repeat epidural steroid injection at C5-6. There was no request for authorization submitted for the epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective Request for 1 Cervical Steroid Injection Between C5-6: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend repeat epidural steroid injections where there is documentation of objective pain relief of greater than 50% for at least 6 to 8 weeks with associated pain medication reduction. Additionally, there should be documentation of objective functional benefit. The clinical documentation submitted for review indicated the injured worker underwent a prior cervical epidural steroid injection and had 65% decrease in pain that lasted approximately 6 months to 1 year. However, there was a lack of documentation of objective functional benefit and documentation of an objective medication reduction for 6 to 8 weeks. Given the above, the prospective request for 1 cervical steroid injection between C5-6 is not medically necessary.

Prospective Request for 1 Prescription of Restoril 15mg X 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine. Decision based on Non-MTUS Citation Official Disability Guidelines: Restoril Treatment of Insomnia

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The California MTUS Guidelines do not recommend the use of benzodiazepines as a treatment for injured workers for chronic pain for longer than 4 weeks due to a risk of psychological and physiological dependence. The clinical documentation submitted for review indicated the injured worker had utilized the medication since at least 04/2014. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Additionally, there was a lack of documentation indicating objective functional benefit that was received. The request as submitted failed to indicate the frequency

for the requested medication. Given the above, the prospective request for 1 prescription of Restoril 15 mg #60 is not medically necessary.

Prospective Request for 1 Prescription of Aciphex 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: The California MTUS Guidelines indicate that proton pump inhibitors are recommended for injured workers who are at intermediate or high risk for gastrointestinal events and the injured workers with no risk factor or cardiovascular disease do not require the use of a proton pump inhibitor. The clinical documentation submitted for review indicated the injured worker had utilized the medication since at least 02/2014. There was a lack of documented efficacy for the requested medication. There was a lack of documentation indicating the injured worker had objective findings to support the necessity for Aciphex. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the prospective request for 1 prescription of Aciphex 20 mg #60 is not medically necessary.

Prospective Request for 1 Prescription of Flexeril 10mg # Unspecified: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute pain. The recommendation is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had utilized this classification of medication since at least 11/2013. There was a lack of documentation of objective functional benefit and exceptional factors to warrant nonadherence to guideline recommendations. The request as submitted failed to indicate the frequency and quantity of medication being requested. Given the above, the prospective request for 1 prescription of Flexeril 10 mg unspecified is not medically necessary.

Prospective Request for 1 Prescription of Paxil 10mg #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: Paxil Selective Serotonin Reuptake Inhibitor (SSRI) Antidepressant

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Page(s): 13.

Decision rationale: The California MTUS Guidelines recommend antidepressants as a first line medication for the treatment of neuropathic pain. They are recommended specifically if the pain is accompanied by insomnia, anxiety or depression. The clinical documentation submitted for review indicated the injured worker was prescribed the medication for their mood. The duration of use was since at least 11/2013. There was a lack of documented efficacy for the requested medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the prospective request for 1 prescription of Paxil 10 mg #30 is not medically necessary.