

Case Number:	CM14-0130808		
Date Assigned:	08/20/2014	Date of Injury:	02/20/2001
Decision Date:	09/24/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/15/2014

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, Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 46-year-old male who reported an injury 02/20/2001. The mechanism of injury was not provided within the medical records. The clinical note dated 08/19/2014 indicated a diagnoses of gastroesophageal reflux disease, diarrhea, degeneration of cervical intervertebral disc, degeneration of lumbar or lumbosacral intervertebral disc, displacement of cervical intervertebral disc without myelopathy, displacement lumbar intervertebral disc without myelopathy, thoracic or lumbosacral neuritis or radiculitis, and spasms of muscles. The injured worker reported right cervical spine pain and spasms of right upper extremity with radiculopathy in the C3-4 dermatome and C7-8 dermatome as of the last few months. His last MRI was dated 03/2007. On physical examination, the injured worker had tenderness over the cervical paraspinal muscles, greater on the right than the left. The injured worker's cervical flexion was 30 degrees, extension was 40 degrees, and rotation was 75 degree in both directions. The injured worker had positive Spurling's. The injured worker's motor strength was 5/5 in bilateral upper extremities and deep tendon reflexes were intact. Sensation was intact to light touch. The injured worker's unofficial MRI of the cervical spine, dated 03/08/2007, showed disc protrusion at C3-4, C4-5. The injured worker's medications included Motrin. The injured worker's treatment plan included follow up in 1 month for continued evaluation, medication management and request authorization for cervical MRI without contrast, request authorization for right cervical epidural steroid injection at C3-4, C4-5, and C7-8 levels with 2 week followup. The injured worker's prior treatments included diagnostic imaging and medication management. The injured worker's medication regimen included Motrin, Prilosec and Ultracet. The provider submitted for the request for Motrin, Prilosec and Ultracet, and an epidural steroid injection. A Request for Authorization submitted 08/19/2014 was submitted for medications and epidural steroid injection; however, the rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The request for Motrin 800mg #90 is not medically necessary. The CA MTUS guidelines recognize ibuprofen as a non-steroidal anti-inflammatory drug. Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. It was not indicated how long the injured worker had been utilizing this medication; however, the request does not indicate a frequency for the Motrin. Therefore, the request for Motrin is not medically necessary.

Prilosec 20mg #30: Upheld

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

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

Decision rationale: The request for Prilosec 20mg #30 is not medically necessary. The CA MTUS guidelines recommend the use of proton pump inhibitors if there is a history of gastrointestinal bleeding or perforations, a prescribed high dose of NSAIDs and a history of peptic ulcers. There is also a risk with long-term utilization of PPI (> 1 year) which has been shown to increase the risk of hip fracture. Although the injured worker does have a diagnosis of gastroenteritis, there is lack of documentation of efficacy and functional improvement with the use of Prilosec. In addition, the request does not indicate a frequency for the Prilosec. Therefore, the request for Prilosec is not medically necessary.

Ultracet 37.5/325 #120: Upheld

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

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

Decision rationale: The request for Ultracet 37.5/325 #120 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for the on-going management of

chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of significant evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risk for aberrant drug use, behaviors, and side effects. In addition, there is lack of frequency in the request for the medication. Therefore, the request is not medically necessary.

Epidural Steroid Injection: 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: The request for Epidural Steroid Injection is not medically. The CA MTUS guidelines recommend epidural steroid injections as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Injections should be performed using fluoroscopy (live x-ray) for guidance. If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. No more than two nerve root levels should be injected using transforaminal blocks. No more than one interlaminar level should be injected at one session. 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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. Current research does not support "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. There is lack of evidence in the documentation provided of exhaustion of conservative therapy, such as physical therapy. In addition, the request indicates a request for an MRI. It would be necessary for the MRI to corroborate radiculopathy. Additionally, the request for epidural steroid injection does not indicate a level. Also, the request also does not indicate with fluoroscopy. In addition, the guidelines indicate there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. Therefore, the request for epidural steroid injection is not medically necessary.