

Case Number:	CM14-0135105		
Date Assigned:	08/29/2014	Date of Injury:	09/01/2010
Decision Date:	10/07/2014	UR Denial Date:	08/09/2014
Priority:	Standard	Application Received:	08/22/2014

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, has a subspecialty in Pain Management 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:

This is a male patient with a date of injury of September 1, 2010. A utilization review determination dated August 9, 2014 recommends non-certification of a left cervical epidural injection at C 7 - T 1 under fluoroscopy and anesthesia, and a request for Norco was modified to #19 tablets for weaning purposes. A progress note dated July 31, 2014 identifies subjective complaints of chronic headaches, back pain, and neck pain. A recent qualified medical evaluation physician did not recommend surgery for the cervical spine but did recommend surgery for an L4 - 5 disc herniation. A neurology QME also recently evaluated the patient for his headaches. The patient reports continued headaches in the frontal region that are throbbing with exacerbation attacks daily, the patient has a headache every day, and a recent request for Botox injections was non-certified. The patient reports increased neck pain, increased muscle spasms, and deep achy pain radiating down his left arm. The patient's symptoms increase with activity and with neck flexion. Current medications include topiramate 50 mg twice a day, Robaxin 750 mg three times a day PRN, Norco 5/325 every 8 hours PRN, and Zantac 150 mg twice a day period. Physical examination identifies stiffness of the lumbar spine, a positive straight leg raise on the left at 60, palpation of the lumbar facet reveals pain on both sides at the L3 - S1 region, anterior lumbar flexion causes pain, and the patient's gait appears to be antalgic. The diagnoses include headache, lumbar radiculopathy, abnormality of gait, lumbar spine pain, lumbar disc herniation, and cervical radiculopathy. The treatment plan recommends a C7 - T1 epidural steroid injection to target the left C4 - 5 with a catheter. The patient has increasing neck and left arm muscle spasms and deep achy radiating pain consistent with cervical radiculopathy. The symptoms correlate with the MRI of the cervical spine that shows a C4 - 5 disc herniation. The treatment plan also recommends continuation of Norco, continuation of Zantac, and a prescription for tizanidine 2 mg up to three times a day as needed for spasms and tightness. An

MRI of the cervical spine dated September 5, 2013 identifies straightening of cervical lordosis and a focal disc herniation that causes stenosis of the spinal canal at C4 - C5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Cervical Epidural Injection C7-T1 under Fluoroscopy and Anesthesia: Upheld

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

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

Decision rationale: Regarding the request for left cervical epidural steroid injection C7-T1 under fluoroscopy and anesthesia, California MTUS cites that ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Within the documentation available for review, there are no recent physical examination findings supporting a diagnosis of radiculopathy. Additionally, the subjective complaints of radiculopathy are not specific to a particular dermatome. Furthermore, the MRI and electrodiagnostic studies do not support radiculopathy at the proposed level. In the absence of such documentation, the currently requested Left Cervical Epidural Steroid Injection C7-T1 under Fluoroscopy and Anesthesia is not medically necessary.

Unknown Prescription Norco: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79, 120.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the Norco is improving the patient's function or pain (in terms of percent reduction in pain or reduced NRS), and no documentation regarding side effects. In the absence of such documentation, the currently requested Norco is not medically necessary.

Zantac (unknown prescription): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System Gastro esophageal Reflux Disease (GERD). Ann Arbor (MI) 2012 May p 12

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPIs)

Decision rationale: Regarding the request for Zantac, California MTUS states that proton pump inhibitors and H2 blockers are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested Zantac is not medically necessary.