

Case Number:	CM14-0143821		
Date Assigned:	09/12/2014	Date of Injury:	12/07/2010
Decision Date:	10/14/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/05/2014

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 Family 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:

This is a 49 year old female with a 12/7/2010 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 7/14/14 noted subjective complaints of persistent neck pain radiating into the upper extremities. Objective findings included increased pain with cervical range of motion (ROM). A cervical MRI 6/7/13 noted 4 mm disc protrusion at C5-6 that extended into the right neural foraminal exit zone with right neural foraminal exit zone compromise without spinal stenosis. It was noted that a previous epidural steroidal injection (ESI) resulted in 50% reduction of her hand and upper extremity symptoms however only 30% pain reduction in her neck. Diagnostic Impression: bilateral hand and wrist tenderness. Treatment to Date: medication management, acupuncture. A UR decision dated 8/26/14 modified the request for Percocet 10/325 mg #150 to #120. This is allowed for time to provide transforaminal epidural and then further weaning is recommended. It also modified cervical C5-6 interlaminar epidural steroid injection to left transforaminal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opiates Page(s): 78-81. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: AMA guides (radiculopathy)

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given the 2010 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. Although opiates may be appropriate, additional information would be necessary, as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Percocet 10/325 mg #150 was not medically necessary.

Cervical C5-6 Interlaminar Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175, Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: AMA guides (radiculopathy)

Decision rationale: CA MTUS supports epidural steroid injections in patients with radicular pain that has been unresponsive to initial conservative treatment (exercises, physical methods, non-steroidal anti-inflammatory drugs (NSAIDs) and muscle relaxants). Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In addition, no more than two nerve root levels should be injected using transforaminal blocks, and no more than one interlaminar level should be injected at one session. Furthermore, CA MTUS states that repeat blocks should only be offered if at least 50% pain relief with associated reduction of medication use for six to eight weeks was observed following previous injection. However, it is noted that the patient has had prior cervical ESI that only resulted in 30% reduction of neck pain. It is unclear why a repeat injection would be expected to benefit the patient. Therefore, the request for cervical C5-6 interlaminar epidural steroid injection was not medically necessary.