

Case Number:	CM14-0185667		
Date Assigned:	11/13/2014	Date of Injury:	05/26/2004
Decision Date:	12/19/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	11/06/2014

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 Internal Medicine, has a subspecialty in HPM and is licensed to practice in Pennsylvania. 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 58-year-old gentleman with a date of injury of 05/26/2014. The submitted and reviewed documentation did not identify the mechanism of injury. Treating physician notes dated 06/26/2014 and 09/25/2014 indicated the worker was experiencing neck pain that went into the right shoulder. Documented examinations consistently described decreased motion in the upper and lower back joints. The submitted and reviewed documentation concluded the worker was suffering from chronic pain, depression, myelomolacia C5, and neuroforaminal stenosis at C5 and C6. Treatment recommendations included oral pain medications. Medications injected near the spinal nerve at C6 on the right side, urinary drug screen testing, and follow up care. A Utilization Review decision was rendered on 10/09/2014 recommending non-certification for a cervical epidural steroid injection at C6-C7, sixty tablets of Norco (hydrocodone with acetaminophen) 10/325mg one tablet every four to six hours as needed with two refills, and sixty tablets of Xanax (alprazolam) 0.5mg one tablet twice daily with two refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection at C6-C7: Upheld

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

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

Decision rationale: The MTUS Guidelines recommend the use of epidural steroid injections for short-term treatment of radicular pain. The goal is to decrease pain and improve joint motion, resulting in improved progress in an active treatment program. The radiculopathy should be documented by examination and by imaging studies and/or electrodiagnostic testing. Additional requirements include documentation of failed conservative treatment, functional improvement and at least a 50% reduction in pain after treatment with an initial injection, and a reduction in pain medication use lasting at least six to eight weeks. Reviewed records indicated the worker was experiencing neck pain that went into the right shoulder. Documented examinations consistently described decreased motion in the upper and lower back joints. There were no objective findings consistent with radiculopathy. There was no discussion detailing the full results of imaging studies or electrodiagnostic testing, and these reports were not submitted for review. There also was no detailed description of failed conservative treatment. In the absence of such evidence, the current request for a cervical epidural steroid injection at C6-C7 is not medically necessary.

Norco 10/325mg #60 1 tablet by mouth every 4-6 hours as needed with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: Norco (hydrocodone with acetaminophen) is a combined medication that includes an opioid and another pain reliever. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, an individualized taper of medication is recommended to avoid withdrawal symptoms. Reviewed records indicated the worker was experiencing neck pain that went into the right shoulder. The documented pain assessments were minimal at best and did not detail the elements encouraged by the Guidelines. There was no discussion suggesting improved pain intensity, function, or quality of life with the use of this medication, and there was no indication that the outcomes were considered in recommending this continued treatment. In the absence of such evidence, the current request for sixty tablets of Norco (hydrocodone with acetaminophen) 10/325mg one tablet every four to six hours as needed with two refills is not medically necessary.

Xanax 0.5mg #60 1 tab by mouth BID with 2 refills: Upheld

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

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

Decision rationale: Xanax (alprazolam) is a medication in the benzodiazepine class. The MTUS Guidelines recommend benzodiazepines for no longer than four weeks. Long-term benefits are not proven, and tolerance to the potential benefits develops quickly. Long-term use can increase anxiety and can lead to dependence. Reviewed records indicated the worker was experiencing neck pain that went into the right shoulder. The worker was also suffering from depression. There was no discussion indicating the reason alprazolam had been used for at least several months or suggesting improved pain intensity, function, or quality of life with its use. When alprazolam no longer provides benefit, an individualized taper should minimize withdrawal effects. However, there was no record of benefit and the risk for addiction is significant. For these reasons, the current request for sixty tablets of Xanax (alprazolam) 0.5mg one tablet twice daily with two refills is not medically necessary.