

Case Number:	CM14-0081633		
Date Assigned:	07/18/2014	Date of Injury:	10/11/2011
Decision Date:	09/24/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/02/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in 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 48-year-old male who was injured at work on 10/11/2011. The worker complained of pain radiating from the left side of the neck; problems with sleep, GI Distress, and stress. He is unable to take non-steroidal anti-inflammatory drugs due to GI problems. His Examination was positive for unsteady gait, if he has no support, tenderness to touch, swelling, spasms, limited range of motion of the cervical and Lumbosacral areas. He was noted to have weakness in the left lower extremity. The injured worker was diagnosed of Lumbar sprain/strain; cervical sprain/strain; Thoracic/Lumbosacral Neuritis/Radiculitis; Status post Lumbar Laminectomy and Foraminotomy with microdiscectomy at L5-S1; Impingement syndrome of the left shoulder and status post arthrotomy with no significant improvement; Generalized muscle weakness, joint stiffness and loss of aerobic and muscular fitness. Nerve studies of 01/16/2012 was negative for cervical and Lumbar radiculopathy, but positive for moderate right and mild left carpal tunnel syndrome. It was negative for ulnar neuropathy. He has had surgeries involving the back, left shoulder. He has also been treated with Physical therapy, acupuncture, about three Lumbar Epidural steroid injections. The worker is on treatment with Alprazolam; Norco, and Venafexine The injured worker was referred for pain management, and given a six-week return appointment. At dispute are requests for Urine drug screen; Alprazolam 1mg #30; Norco 5/500mg #60; Topical Capsaicin 60mg; Cyclobenzaprine cream 60mg; Follow-up with specialist for a possible epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse of opioids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PAIN (Chronic), Urine drug testing Other Medical Treatment Guideline or Medical Evidence: <http://www.dir.ca.gov/dwc/ForumDocs/Opioids/OpioidGuidelinesPartB.pdf>, 09/18/2014.

Decision rationale: The injured worker sustained a work related injury on 10/11/2011. The medical records provided indicate the diagnosis of Lumbar sprain/strain; cervical sprain/strain; Thoracic/Lumbosacral Neuritis/Radiculitis; Status post Lumbar Laminectomy and Foraminotomy with microdissectomy at L5-S1; Impingement syndrome of the left shoulder and status post arthrotomy with no significant improvement; Generalized muscle weakness, joint stiffness and loss of aerobic and muscular fitness Treatments have included had surgeries involving the back, left shoulder. He has also been treated with Physical therapy, acupuncture, about three Lumbar Epidural steroid injections. The worker is on treatment with Alprazolam; Norco, and Venafexine. The medical records provided for review do not indicate a medical necessity for. Urine drug testing would have been appropriate for this injured worker with history of severe depression who was being treated with Norco and Alprazolam; however, since there is no medical necessity for these drugs there is no more need for urine drug testing.

Alprazolam 1mg #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 (ODG), Pain (chronic), Alprazolam.

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

Decision rationale: The injured worker sustained a work related injury on 10/11/2011. The medical records provided indicate the diagnosis of Lumbar sprain/strain; cervical sprain/strain; Thoracic/Lumbosacral Neuritis/Radiculitis; Status post Lumbar Laminectomy and Foraminotomy with microdissectomy at L5-S1; Impingement syndrome of the left shoulder and status post arthrotomy with no significant improvement; Generalized muscle weakness, joint stiffness and loss of aerobic and muscular fitness Treatments have included had surgeries involving the back, left shoulder. He has also been treated with Physical therapy, acupuncture, about three Lumbar Epidural steroid injections. The worker is on treatment with Alprazolam; Norco, and Venafexine. The medical records provided for review do not indicate a medical necessity for Alprazolam. The MTUS does not recommend long-term use of benzodiazepines (the class of drugs Alprazolam belongs to) because the risk of dependence, tolerance, and the fact that long-term use is of unproven benefit. The recommended duration of use of the benzodiazepines is not more than 4 weeks. The records reveal the injured worker has been using Alprazolam for some time. This drug is not medically necessary.

Norco 5/500mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen (Norco) and Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-80.

Decision rationale: The injured worker sustained a work related injury on 10/11/2011. The medical records provided indicate the diagnosis of Lumbar sprain/strain; cervical sprain/strain; Thoracic/Lumbosacral Neuritis/Radiculitis; Status post Lumbar Laminectomy and Foraminotomy with microdiscectomy at L5-S1; Impingement syndrome of the left shoulder and status post arthrotomy with no significant improvement; Generalized muscle weakness, joint stiffness and loss of aerobic and muscular fitness. Treatments have included had surgeries involving the back, left shoulder. He has also been treated with Physical therapy, acupuncture, about three Lumbar Epidural steroid injections. The worker is on treatment with Alprazolam; Norco, and Venafexine. The medical records provided for review do not indicate a medical necessity for Norco 5/500mg #60. The MTUS recommends against the use of Opioids beyond 16 week. The guidelines recommends discontinuing Opioids if there is no overall improvement in function, or if there is decrease in functioning; but to continue it if the injured worker has returned to work or if there is improved function and pain control. The documents reviewed indicate the injured worker has not worked for about three years, and has continued to suffer from generalized pain. The records indicate he has been on Norco for at least 6 months.

Topical Capsaicin 60gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The injured worker sustained a work related injury on 10/11/2011. The medical records provided indicate the diagnosis of Lumbar sprain/strain; cervical sprain/strain; Thoracic/Lumbosacral Neuritis/Radiculitis; Status post Lumbar Laminectomy and Foraminotomy with microdiscectomy at L5-S1; Impingement syndrome of the left shoulder and status post arthrotomy with no significant improvement; Generalized muscle weakness, joint stiffness and loss of aerobic and muscular fitness. Treatments have included had surgeries involving the back, left shoulder. He has also been treated with Physical therapy, acupuncture, about three Lumbar Epidural steroid injections. The worker is on treatment with Alprazolam; Norco, and Venafexine. The medical records provided for review do not indicate a medical necessity for Topical Capsaicin 60mg. The topical Analgesics are experimental drugs recommended as an option in the treatment of neuropathic pain that has failed treatment with first line drugs, antidepressants and anticonvulsants. Capsaicin is a recommended topical analgesic, but it is recommended at 0.025% strength. However, the requested treatment has no

specific strength requested; besides the injured worker did not benefit from previous combination products containing capsaicin. Therefore, the requested treatment is not medically necessary.

Cyclobenzaprine cream 60gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 113.

Decision rationale: The injured worker sustained a work related injury on 10/11/2011. The medical records provided indicate the diagnosis of Lumbar sprain/strain; cervical sprain/strain; Thoracic/Lumbosacral Neuritis/Radiculitis; Status post Lumbar Laminectomy and Foraminotomy with microdiscectomy at L5-S1; Impingement syndrome of the left shoulder and status post arthrotomy with no significant improvement; Generalized muscle weakness, joint stiffness and loss of aerobic and muscular fitness Treatments have included had surgeries involving the back, left shoulder. He has also been treated with Physical therapy, acupuncture, about three Lumbar Epidural steroid injections. The worker is on treatment with Alprazolam; Norco, and Venafexine. The medical records provided for review do not indicate a medical necessity for Cyclobenzaprine cream 60mg. The MTUS recommends against the use of any muscle relaxant as a topical analgesic. Therefore, this request is not medically necessary.

Follow-up for a possible epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177, 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 injured worker sustained a work related injury on 10/11/2011. The medical records provided indicate the diagnosis of Lumbar sprain/strain; cervical sprain/strain; Thoracic/Lumbosacral Neuritis/Radiculitis; Status post Lumbar Laminectomy and Foraminotomy with microdiscectomy at L5-S1; Impingement syndrome of the left shoulder and status post arthrotomy with no significant improvement; Generalized muscle weakness, joint stiffness and loss of aerobic and muscular fitness Treatments have included had surgeries involving the back, left shoulder. He has also been treated with Physical therapy, acupuncture, about three Lumbar Epidural steroid injections. The worker is on treatment with Alprazolam; Norco, and Venafexine. The medical records provided for review do not indicate a medical necessity for Follow-up with specialist for a possible epidural steroid injection. The MTUS recommends that clinical diagnosis of Radiculopathy must be confirmed with either MRI or Nerve studies before consideration of Epidural steroid Injection. The electro-diagnostic reports including that done on 05/15/2014, failed to confirm radiculopathy; therefore, this request is not medically necessary.

