

Case Number:	CM14-0095371		
Date Assigned:	07/25/2014	Date of Injury:	02/19/1987
Decision Date:	10/07/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/23/2014

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 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:

The patient is an injured worker with diagnoses of cervical disc with radiculitis, facet arthropathy, lumbar disc with radiculitis, degeneration of lumbar disc, neck pain, and shoulder pain. Date of injury was 02-19-1997. Progress report dated 05-19-2014 documented subjective complaints of cervical pain and occipital headaches that start at base of skull and radiate upwards to back of the head, and radiating pain along bilateral upper extremities. She denies weakness. She is engaged in an exercise program, NSAIDS, warm compresses, stretching, and physical therapy in the past. She is status post cervical epidural steroid injection at C7-T1 on 9/30/2013. She has some slight tenderness but she has not gotten any headaches since the injection. She is feeling very well at this time and is using minimal pain medications. Medications included Pramipexole, Aspirin, Sumatriptan, Advair, Isosorbide Mononitrate, Nitrostat, Albuterol, Lithium, Wellbutrin, Tramadol, Cyclobenzaprine, Percocet 5/325 mg, Keppra, and Sertraline. Physical examination findings included cervical spine limited range of motion in flexion, extension, lateral rotation and lateral bending with increase in pain in extension and lateral rotation, positive dacet loading tests. Motor strength is 5/5 bilateral upper extremities. Sensation is normal to light touch, pinprick and temperature along all dermatomes bilateral upper extremities. Deep tendon reflexes are 2+ triceps, 2+ bilateral biceps and 2+ brachioradialis. MRI of the cervical spine 2011 showed evidence of bone spurring along C5-C6 and C6-C7, and facet arthropathy. Diagnoses were cervical disc with radiculitis, facet arthropathy, lumbar disc with radiculitis, degeneration of lumbar disc, neck pain, and shoulder pain. Treatment recommendations included cervical epidural steroid injection ESI at C7-T1. Utilization review determination date was 06-02-2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection @ C7-T1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175, 181-183, Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses epidural steroid injection (ESI). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints states that cervical epidural corticosteroid injections are of uncertain benefit and should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 46) states that epidural steroid injections (ESI) are an option for radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The American Academy of Neurology recently concluded that there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. ESI treatment alone offers no significant long-term functional benefit. Criteria for the use of epidural steroid injections requires that radiculopathy must be documented by physical examination and corroborated by imaging studies or electrodiagnostic testing. Progress report dated 05-19-2014 documented that the patient is status post cervical epidural steroid injection at C7-T1 on 9/30/2013. She has some slight tenderness but she has not gotten any headaches since the injection. She was feeling very well at this time and was using minimal pain medications. Physical examination demonstrated intact motor, sensation, and reflex neurologic findings. MRI of the cervical spine 2011 showed evidence of bone spurring along C5-C6 and C6-C7, and facet arthropathy. Cervical epidural steroid injection ESI at C7-T1 was requested. MRI of the cervical spine 2011 documented no abnormalities at C7-T1. No electrodiagnostic testing was documented. MTUS guidelines require that radiculopathy be corroborated by imaging studies or electrodiagnostic testing. Medical records do not document imaging or electrodiagnostic findings to support the medical necessity of an epidural steroid injection at the C7-T1 level. Therefore, the request for cervical epidural steroid injection @ C7-T1 is not medically necessary

Percocet (5/325mg, #30): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Oxycodone/Acetaminophen (Percocet) Page(s): 74-96; 92.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of

opioids. "Do not attempt to lower the dose if it is working." Supplemental doses of break-through medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Percocet should be administered every 4 to 6 hours as needed for pain. For more severe pain the dose (based on Oxycodone) is 10-30mg every 4 to 6 hours prn pain. The medical records document that the patient's medication regimen has included the prescription of Percocet 5/325 mg daily as needed for severe pain #30. The patient has regular clinic visits for reassessment. The progress report dated 5/19/14 documented requests for laboratory tests and urine drug screen. Medical records document the stable use of opioid medications and objective evidence of pathology. Medical records support the maintenance of the Percocet 5/325 mg prescription. Therefore, the request for Percocet (5/325mg, #30) is medically necessary.