

Case Number:	CM14-0194718		
Date Assigned:	12/02/2014	Date of Injury:	08/09/2013
Decision Date:	01/16/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/20/2014

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:

The patient is a 64 year old male with date of injury 8/9/13. The treating physician report dated 10/02/14 (441) indicates that the patient presents with pain affecting the neck, upper back, lower back and right hand. The patient rates the pain as a 5-8/10 with numbness in his right hand due to carpal tunnel syndrome. The physical examination findings reveal slightly-to-moderate restricted range of motion of the cervical and lumbar spine. Multiple myofascial trigger points and taut bands were noted throughout the cervical paraspinal, trapezius, levator scapulae, scalene and infraspinatus muscles. Neck compression and shoulder impingement tests were both positive. Tinnel's sign was positive for the right wrist, with decreased grip strength. Left ankle jerk and biceps jerk were both hypoactive. Prior treatment history includes an injection of the right wrist, 6-8 sessions of physical therapy and prescribed medications including Norco. MRI findings of the cervical spine reveal mild retrolisthesis and mild to moderate spinal canal stenosis at C4-5, mild spinal canal stenosis at C5-6 with mild right foraminal narrowing, mild to moderate left C6-7 neural foramina and mildly right C6-7 neural foraminal narrowing. An MRI of the lumbar spine was not found in the documents provided. The patient's work status is TTD. The current diagnoses are: 1. Moderate right carpal tunnel syndrome 2. Chronic myofascial pain syndrome, cervical and thoracolumbar spine, moderate-to-severe 3. Mild right L5 radiculopathy 4. Injury to bilateral shoulders with internal derangement The utilization review report dated 10/21/14 denied the request for 1 prescription of Ultram 50mg #90 and 1 epidural steroid injection at the L3/4 and L4/5 levels based on a lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Ultram 50 mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient presents with pain affecting the neck, upper back, lower back and right hand. The current request is for 1 prescription of Ultram 50mg #90. A progress report dated 6/9/14 notes the patient was given a prescription of Norco. The treating physician report dated 10/2/14 notes that the patient's medications were reviewed and Norco was to be discontinued and Ultram was to be initiated. The physician stated that the patient had greater than 50% pain relief which was measured on a consistent basis, no significant side effects, no documented abuse or aberrant behavior, a urine screen was performed on a periodic basis and the patient's ability to function is significantly improved with the medication as the patient is able to perform activities of daily living more than 50% of the time. MTUS pages 88-89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior)." In this case the treating physician has provided documentation of the patients pain level at 6-month intervals and has addressed all of the four A's as required by the MTUS guidelines while the patient was prescribed Norco. The MTUS guidelines for initiating therapy state that for intermittent pain to start with a short acting opioid trying one medication at a time. Recommendation is medically necessary.

1 Epidural steroid injection at the L3/4 and L4/5 levels: 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), ESI

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

Decision rationale: The patient presents with pain affecting the neck, upper back, lower back and right hand. The current request is for 1 epidural steroid injection at the L3/4 and L4/5 levels. The treating physician report dated 10/2/14 requests authorization of an "epidural steroid injection at the L3/4 and L4/5 levels due to abnormal spine and abnormal EMG/NCV study and in view of failure of conservative management to include physical therapy and non-steroidal anti-inflammatory medication for one year." MTUS Guidelines do recommended ESIs as an option for "treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). MTUS goes on to state that "In the therapeutic phase,

repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year." In this case, there is no documentation provided indicating that a previous ESI was administered to the lumbar, thoracic or cervical spine. The treating physician has documented diminished Achilles reflex and no other physical examination findings were provided to indicate that the patient suffers with radiculopathy. The physician states that there is a positive MRI and a positive EMG/NCV but there are no details provided and no reports provided to indicate the levels that were positive or if there were any corroboratory findings of radiculopathy. This request is not medically necessary and is recommended for denial.