

Case Number:	CM14-0211151		
Date Assigned:	12/24/2014	Date of Injury:	04/28/1998
Decision Date:	02/27/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

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 patient with a date of injury of April 28, 1988. A utilization review determination dated November 25, 2014 recommends noncertification for a cervical epidural steroid injection and Zorvolex. Noncertification of the cervical epidural injection was due to a lack of MRI findings supporting a diagnosis of cervical radiculopathy. Noncertification of Zorvolex was due to lack of documentation of objective improvement from this medication. An MRI of the cervical spine was recommended for certification. A progress report dated October 14, 2014 identifies subjective complaints of neck, and upper back pain. The patient has numbness and muscle spasms as well as weakness in the left shoulder and arm. The patient's pain is 5.5/10. "The medications prescribed or keeping the patient functional, allowing for increased mobility, and tolerance of ADLs and home exercises. No side effects are associated with these." Current medications include duexis, Flector patch, Voltaren gel, omeprazole, Restoril, and Lidoderm. Physical examination findings reveal normal deep tendon reflexes, tenderness to palpation in the paraspinal muscles, with strength and sensation that is "decreased LUE." Diagnoses include brachial neuritis or radiculitis, cervical degenerative disc disease, low back pain, and others. The treatment plan recommends starting Duexis and appeal a cervical epidural injection. The note recommends an epidural injection on the left at C6-7. The note goes on to state that the patient had an outstanding response to Duexis with less gastric upset. An MRI of the cervical spine performed on May 23, 2013 identified moderate right foraminal narrowing at C5-6 and C6-7.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left C6-7 Epidural steroid injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46 of 127.

Decision rationale: Regarding the request for cervical epidural steroid injection, California MTUS cites that ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Within the documentation available for review, there are no physical examination findings identifying pain, sensory loss, or muscle weakness in a dermatomal/myotomal distribution. Additionally, a cervical MRI was recently requested and authorized. It seems reasonable to await the outcome of the most recent diagnostic studies prior to proceeding with interventional procedures. As such, the currently requested cervical epidural steroid injection is not medically necessary.

Zorvolex 35mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72 of 127.

Decision rationale: Regarding the request for Zorvolex (diclofenac), Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, it appears the patient is currently using 3 NSAID medications. The requesting physician has not documented why one oral and two topical NSAIDs would be needed in this particular patient. Additionally, the requesting physician has stated that the patient had an outstanding response to ibuprofen combined with an H2 blocker. Therefore, it is unclear why a different NSAID is being sought at the current time. Finally, the concurrent use of multiple NSAIDs increases the risk of side effects and complications from this medication class. In light of the above issues, the currently requested Zorvolex is not medically necessary.