

Case Number:	CM14-0212653		
Date Assigned:	12/30/2014	Date of Injury:	01/21/2008
Decision Date:	02/28/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/18/2014

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 & Rehabilitation

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 47 year old male with an injury date of 01/21/08. Based on the 12/17/14 progress report provided by treating physician, the patient complains of Left neck pain radiating to upper extremities. The patient is status-post Left should surgery, 05/2012 and carpal tunnel release, 09/2008. Physical examination of the back revealed tenderness to palpation of the cervical paraspinal muscles overlying the left C4-5, C5-C6, and C6-C7 facet joints and the Left deltoid. Range of motion was decreased in all directions. Per report dated 12/17/14, treater states patient has failed physical therapy, NSAIDs, and conservative treatments. Patient's current medications include Hydrocodone, Naproxen and Ambien. Per treater report dated 12/17/14, the patient is working full-time full duty. MRI of the cervical spine 08/0514 shows C5-6 moderate Left foraminal stenosis, C6-7 broad central 1 mm disc protrusion without stenosis, C3-4 minimal disc bulge. Diagnosis (12/17/14) Moderate left neural foraminal stenosis of C5-C6, Disc protrusion measuring 1mm at C6-C7, Central stenosis at C6-C7, Slight bilateral neural foraminal stenosis at C6-C7, Cervical degenerative disc disease, Left cervical facet joint pain at C5-C6, C4-C5, and C6-C7, Cervical facet joint arthroscopy, Cervical disc bulge, Cervical sprain/strain, Left shoulder internal derangement, Status post left should surgery, Upper extremity repetitive overuse. The utilization review determination being challenged is dated 12/11/14. The rationale follows: 1) hydrocodone/apap 10/325mg #90: "there has not been noted recent attempts to reduce opioid dependency." 2) fluoroscopically guided left c5-c6 and c6-c7 transforaminal epidural steroid injection: "no indication of nerve root compression at the levels and sides intended for injection". Treatment reports were provided from 06/24/14 to 12/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing; Steps to Take Before a Therapeutic Trial of Opioids;.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88 and 89, 76-78.

Decision rationale: The patient presents with Left neck radiating to upper extremities. The request is for Hydrocodone/Apap 10/325mg #90. Per report dated 12/17/14, treater states patient has failed physical therapy, NSAIDs, and conservative treatments. Patient's current medications include Hydrocodone, Naproxen and Ambien. Patient is working full-time. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Per report dated 12/17/14, treater's reason for request is it "provides adequate relief and enables the patient to maintain activities of daily living and FTFD work status." The medication provides 70% decrease in pain with 70% improvement in ADLs such as self-care and dressing. Given the reduction in pain and increase in functional improvement, the request is reasonable and within guidelines. However, in addressing adverse side effects and adverse behavior, treater states the MTUS guidelines without documentation or discussion. Furthermore, there were no UDS's, CURES or opioid pain contract submitted for review. Therefore, given the lack of documentation, the request is not medically necessary.

Fluoroscopically guided left C5-C6 and C6-C7 Transforaminal epidural steroid injection: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs); Functional improvement measure.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46, 47.

Decision rationale: The patient presents with Left neck radiating to upper extremities. The request is for fluoroscopically guided left c5-c6 and c6-c7 transforaminal epidural steroid injection. Per report dated 12/17/14, treater states patient has failed physical therapy, NSAIDs, and conservative treatments. Patient's current medications include Hydrocodone, Naproxen and Ambien. Patient is working full-time. The MTUS page 46, 47 states that an ESI is "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." MTUS further states, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 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." Per report dated 12/17/14, treater's reason for the request is "to treat the patient's left neck pain and left upper extremity radicular symptoms." Treater's progress reports from 06/24/14 to 10/02/14 document physical examination of radiculopathy. Additionally, MRI of the cervical spine on 08/05/14 showed C5-6 moderate Left foraminal stenosis. Furthermore, patient has not had an ESI in the past. Therefore, the request is medically necessary.

