

Case Number:	CM15-0007613		
Date Assigned:	01/22/2015	Date of Injury:	06/29/2013
Decision Date:	05/28/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/13/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

The injured worker is a 42-year-old male who reported an injury on 06/29/2013. The injured worker was reportedly working on a railroad when he was struck in the right arm and face by a rail. The current diagnoses include multiple trauma, right facial trauma, psychological injury, closed head injury, cervical strain, lumbar strain, and depression. Previous conservative treatment is noted to include medication management, TENS therapy, physical therapy, home exercise, and individual psychotherapy. The injured worker is also noted to be status post anterior cervical discectomy and fusion at C6-7 on 10/28/2014. Initially, the injured worker underwent a right zygomaticofacial complex fracture repair on 07/05/2013. The latest physician progress report submitted for this review was documented on 10/23/2014. The injured worker presented for a follow up evaluation with complaints of severe pain. Upon examination, there was weakness and numbness on the right at the C6 and C7 dermatomes, positive cervical tenderness and palpable spasm, 30% decreased cervical spine range of motion, and negative Spurling's sign. X-rays obtained on 05/22/2014 reportedly revealed C6-7 spondylosis. An MRI of the cervical spine on 05/30/2014 reportedly revealed a herniated nucleus pulposus at C6-7 with osteophyte formation. Recommendations included continuation of the current medication regimen of naproxen 550 mg, Zofran, Protonix 20 mg, cyclobenzaprine, tramadol ER 150 mg, and Norco. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrol Dose Pak 4mg #21: 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, Oral Corticosteroids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Oral Corticosteroids.

Decision rationale: The Official Disability Guidelines do not recommend oral corticosteroids for chronic pain. There is no data on the efficacy and safety, and given their serious adverse effects, they should be avoided. Therefore, the current request for Medrol Dosepak 4 mg is not medically appropriate. There is also no frequency listed in the request. Given the above, the request is not medically necessary at this time.

Percocet 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80 & 91-92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed to respond to non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has continuously utilized this medication for an unknown duration. There is no documentation of objective functional improvement. The injured worker continues to present with complaints of severe pain. Previous urine toxicology reports documenting evidence of patient compliance and non-aberrant behavior were not provided. Given the above, the request is not medically appropriate at this time.