

Case Number:	CM15-0010808		
Date Assigned:	01/28/2015	Date of Injury:	07/08/1988
Decision Date:	03/18/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/20/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 58 year old injured male worker suffered an industrial injury on 7/8/1988. The diagnoses were pain in joint, shoulder region, degeneration of cervical intervertebral disc, muscle spasm, myalgia and myositis, and late effect of burns. The diagnostics were magnetic resonance imaging of the cervical spine 6/27/2011. The treatments were epidural steroid injection, medications and physical therapy. The treating provider reported increased pain 7/10 in the left arm radiating to the shoulder and elbow and occasionally to the hand. The pain is described as a burning sensation. The cervical spine is tender with positive trigger points. The Utilization Review Determination on 12/26/2014 non-certified cervical epidural steroid injection Norco 10/325mg #120 citing MTUS Chronic pain Treatment Guidelines and Official Disability Guidelines, epidural steroid injections and opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

CESI: Upheld

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

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

Decision rationale: The patient has complaints of neck pain with radiation to the shoulder, elbow and occasionally the hand. MTUS, Chronic Pain, Epidural Steroid Injections note that there is insufficient documentation to support cervical epidural injections for treatment of cervical radicular pain. This guideline quotes the American Academy of Neurology. The cervical epidural steroid injection is not medically necessary for this patient.

Norco 10/325 MG #120 1 Every 6 Hours: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76 - 79.

Decision rationale: The injury was in 1988. This patient has been taking opiates long term. For on-going opiates, MTUS criteria includes documentation of analgesia, adverse effects, improved functionality with respect to the patient's ability to activities of daily living or work and monitoring for drug seeking abnormal behavior. The patient documentation does not meet MTUS criteria and Norco is not medically necessary for this patient.