

Case Number:	CM15-0017779		
Date Assigned:	02/05/2015	Date of Injury:	02/20/2001
Decision Date:	03/30/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/30/2015

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, Hawaii
 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 injured worker is a 47 year old male, who sustained an industrial injury on February 20, 2001. He has reported neck pain, arm pain, and lower back pain. The diagnoses have included cervical spine degenerative disc disease, lumbar or lumbosacral spine degenerative disc disease, cervical spine disc protrusion, thoracic or lumbosacral neuritis or radiculitis, and gastrointestinal issues secondary to medications. Treatment to date has included medications, heat, ice, stretching, exercises, cervical epidural steroid injection, and imaging studies. A progress note dated December 18, 2014 indicates a chief complaint of continued neck pain and arm pain. Physical examination showed moderate cervical spine tenderness with spasms and decreased range of motion, and lumbar spine tenderness with decreased range of motion. The treating physician requested a right cervical epidural steroid injection and prescriptions for Motrin, Prilosec, and Tramadol. The physician noted that the injured worker obtained good relief from previous epidural steroid injections. On January 2, 2015 Utilization Review certified the request for the prescription for Prilosec. Utilization Review denied the request for the cervical epidural steroid injection and prescriptions for Motrin and Tramadol citing the MTUS chronic pain medical treatment guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800mg #50: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: The patient continues to have bilateral neck pain, right greater than left, with pain traveling down the right arm to the hand. The current request is for Motrin 800mg #50. The attending physician says the patient continues to have level 7/10 even with Tramadol and Motrin. He notes that the patient suffers abdominal pain due to medications. The treating physician has documented that the patient has been stable with Motrin. Records do indicate the patient has complaints of abdominal pain with his pain medications. The attending physician has prescribed Prilosec which alleviates the abdominal complaints. The MTUS guidelines state that NSAIDS are recommended for the treatment of osteoarthritis. The medications provided some relief of his severe symptoms. Recommendation is for authorization.

Tramadol 50mg #75: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic trial of opioids.

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

Decision rationale: The patient continues to have bilateral neck pain, right greater than left, with pain traveling down the right arm to the hand. The current request is for Tramadol 50mg #75. The California MTUS states the criteria for continued use of Opioids include: "The lowest possible dose should be prescribed to improve pain and function. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period from last assessment, average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of lift. The 4A's for ongoing monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychological functioning, and occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." In this case, there is no documentation to support continued opioid usage. The record fails to address pain levels when the patient is taking Tramadol versus when he is not taking Tramadol. There is no discussion of functional improvement when the patient is taking Tramadol. The available medical records do not discuss risk assessment. The available medical records lack medical support for the Tramadol request. The MTUS requires

much more thorough documentation for continued opioid usage. As such, recommendation is for denial.

Right Cervical Epidural Steroid injection C4-C5, C5-C6: Upheld

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

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

Decision rationale: The patient continues to have bilateral neck pain, right greater than left, with pain traveling down the right arm to the hand. The current request is for cervical epidural steroid injection C4-5, C5-6. The attending physician states that he agrees to wean the patient off of opiates. He states that the patient responded favorable to cervical epidural steroid injections in the past with reduction of pain by 80% for a period of 6 months and decreased use of pain medications. The CA MTUS guidelines recommend epidural steroid injections as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The guidelines further state that 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. In this case, the records indicate the patient underwent ESI on 3/18/13 at C4-5 and C5-6 with 80% relief for a period of 6 months and reduced medication use. However, the current medical records from the attending physician report dated 12/18/14 (149b) does not provide evidence of neurological findings consistent with radiculopathy, such as decreased sensation, muscle weakness, positive nerve tension signs or diminished reflexes. Mechanically referred pain into the arm from facet origin is not the same as radiculopathy. As such, the request is not supported by the available documentation and the recommendation is for denial.