MAXIMUS Federal Services

Case Number:	CM15-0120159		
Date Assigned:	06/30/2015	Date of Injury:	07/01/2000
Decision Date:	09/18/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/22/2015

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: Texas, Illinois
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 54-year-old female, who sustained an industrial injury on 7/1/00. The diagnoses have included cervical spondylosis, brachial neuritis, and status post cervicothoracic fusion with removal of hardware, anterior cervical fusion, and thoracic post laminectomy syndrome. Treatment to date has included medications, activity modifications, spinal cord stimulator, surgery, physical therapy and home exercise program (HEP). Currently, as per the physician progress note dated 3/19/15, the injured worker complains of neck pain rated 9/10 on pain scale and she reports that the pain has increased since her last visit. She reports that the upper extremity is worsening with numbness, tingling, and pain that travel to the bilateral upper extremities. She reports difficulty with sleeping, depression and anxiety. The physical exam of the cervical spine reveals trigger points and tenderness to palpation of the bilateral trapezius muscles and the lower cervical paraspinous musculature. There is spasm and guarding noted. There is a positive Spurling test and positive axial head compression test. There is decreased range of motion of the cervical spine and decreased sensation along the cervical dermatomes bilaterally. The physician notes that the injured worker reports worsening radicular symptoms with numbness and tingling and she is unable to perform her activities of daily living (ADL) without excruciating pain. The current medications included Percocet and Oxycodone. There are no recent diagnostic reports noted in the records. The physician requested treatments included Bilateral C3-C4 transfacet epidural steroid injection QTY: 1.00, Urine toxicology screen QTY: 1.00, Percocet 10/325mg QTY: 120.00, Oxycodone 30mg QTY: 60.00, and Amitriptyline HCCL 10% Gabapentin 10%, Buplvacaine HCL 5%, Hyaluronic acid 0.2% in cream base QTY: 1.00.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral C3-C4 transfacet epidural steroid injection QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The injured worker sustained a work related injury on 7/1/00. The diagnoses have included cervical spondylosis, brachial neuritis, and status post cervicothoracic fusion with removal of hardware, anterior cervical fusion, and thoracic post laminectomy syndrome.
Treatment to date has included medications, activity modifications, spinal cord stimulator, surgery, physical therapy and home exercise program (HEP).The medical records provided for review do not indicate a medical necessity for Bilateral C3-C4 transfacet epidural steroid injection QTY: 1.00. The MTUS guidelines for epidural steroid injection recommends documentation of failed conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants); evidence of radiculopathy based on physical examination corroborated by imaging and or nerve studies. Repeat injection is 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. Although the history and physical examination suggested presence of cervical radiculopathy, there was no document with corroborative findings of cervical radiculopathy in imaging or electrodiagnostic studies. The medical records indicate a cervical CT report of 06/13/11 was negative for cervical radiculopathy; another Cervical CT scan was ordered this year, but the result was not included in the documents made available for review. Therefore, the request is not medically necessary.

Urine toxicology screen QTY: 1.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic).

Decision rationale: The injured worker sustained a work related injury on 7/1/00. The diagnoses have included cervical spondylosis, brachial neuritis, and status post cervicothoracic fusion with removal of hardware, anterior cervical fusion, and thoracic post laminectomy syndrome.
Treatment to date has included medications, activity modifications, spinal cord stimulator, surgery, physical therapy and home exercise program (HEP).The medical records provided for review do indicate a medical necessity for Urine toxicology screen QTY: 1.00. The MTUS recommends Drug testing as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. The Official Disability Guidelines recommends that Patients at "moderate risk" for addiction/aberrant behavior be tested 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results; while those at "high risk" of adverse outcomes

may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders. The medical records indicate the injured worker is at high risk for opioid abuse, addiction/aberrant behavior, and she was tested on 01/22/15; 03/19/15, and 05/21/15.

Percocet 10/325mg QTY: 120.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-88.

Decision rationale: The injured worker sustained a work related injury on 7/1/00. The diagnoses have included cervical spondylosis, brachial neuritis, and status post cervicothoracic fusion with removal of hardware, anterior cervical fusion, and thoracic post laminectomy syndrome. Treatment to date has included medications, activity modifications, spinal cord stimulator, surgery, physical therapy and home exercise program (HEP).The medical records provided for review do not indicate a medical necessity for Percocet 10/325mg QTY: 120.00. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment If there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical report indicates the injured worker has been taking this medication for some time, but rather than pain improvement, the records indicate the pain has been worsening. The recommended treatment is not medically necessary due to lack of overall improvement despite the use of the medication.

Oxycodone 30mg QTY: 60.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-88.

Decision rationale: The injured worker sustained a work related injury on 7/1/00. The diagnoses have included cervical spondylosis, brachial neuritis, and status post cervicothoracic fusion with removal of hardware, anterior cervical fusion, and thoracic post laminectomy syndrome. Treatment to date has included medications, activity modifications, spinal cord stimulator, surgery, physical therapy and home exercise program (HEP).The medical records provided for review do not indicate a medical necessity for Oxycodone 30mg QTY: 60.00. The MTUS recommends the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain. The MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment If there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical report indicates the injured worker has been taking this medication for some time, but rather than pain improvement, the records indicate the pain has been worsening. The recommended treatment is

not medically necessary due to lack of overall improvement despite the use of the medication.

Amitriptyline HCCL 10% Gabapentin 10%, Buplvacaine HCL 5%, Hyaluronic acid 0.2% in cream base QTY: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The injured worker sustained a work related injury on 7/1/00. The diagnoses have included cervical spondylosis, brachial neuritis, and status post cervicothoracic fusion with removal of hardware, anterior cervical fusion, and thoracic post laminectomy syndrome. Treatment to date has included medications, activity modifications, spinal cord stimulator, surgery, physical therapy and home exercise program (HEP).The medical records provided for review does not indicate a medical necessity for Amitriptyline HCCL 10% Gabapentin 10%, Buplvacaine HCL 5%, Hyaluronic acid 0.2% in cream base QTY: 1.00. The Topical Analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS recommends that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. None of the agents in this compounded topical agent is recommended. Therefore, the requested treatment is not medically necessary.