

Case Number:	CM15-0123134		
Date Assigned:	07/07/2015	Date of Injury:	01/17/2003
Decision Date:	08/04/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/25/2015

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

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 63 year old female who sustained an industrial injury on 01/17/2003. Mechanism of injury was cumulative. Diagnoses include depression, status post cervical spinal fusion C5 through C7, insomnia, chronic neck pain, chronic pain syndrome and cervical disc disease. Comorbid diagnoses include hypertension, hypothyroidism, hyperlipidemia, screening cardiovascular, and asthma. Treatment to date has included diagnostic studies, medications, physical therapy, and status post bilateral carpal tunnel release, and cervical fusion. Her medications include Norco, Soma, Wellbutrin and Motrin with good relief and she tolerates them well. A physician progress note dated 03/17/2015 documents the injured worker complains of neck pain radiating to the shoulders and to the scapula. She said her pain has been worse, and she is having more muscle spasm. She is having trouble sleeping, and she has been taking half of a Xanax from her primary provider. With her medications she is able to walk daily and cook and cleans, and takes care of her home. Her pain level before taking medications is 9 out of 10 and with medications, her pain is 4 out of 10 on the pain scale. The cervical spine is tender in the paracervical muscles and the upper trapezius, and there is some palpable spasm. Range of motion is significantly decreased in all fields. She has full range of motion of her upper extremities. Treatment requested is for Cervical (C6, C7) Interlaminar ESI (epidural steroid injection) under conscious sedation and Fluoroscopic, outpatient, Norco 10 mg Qty 180, and Soma 350 mg Qty 120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical (C6, C7) Interlaminar ESI (epidural steroid injection) under Conscious sedation and Fluoroscopic, outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Regarding the request for cervical epidural steroid injection, California MTUS cites that ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Within the documentation available for review, there is no cervical MRI, which confirms an anatomic pathology that could support radiculopathy. The notes indicate that prior NCS/EMG's have all been negative for cervical radiculopathy. In the absence of corroborative studies, the currently requested cervical epidural steroid injection is not medically necessary.

Soma 350 mg Qty 120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: Regarding the request for Carisoprodol (Soma), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Soma specifically is not recommended for more than 2 to 3 weeks. Within the documentation available for review, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. This medication has prescribed since at least February 2015 according to the submitted notes. This time frame is in excess of the CPMTG. Given this, the currently requested Carisoprodol (Soma) is not medically necessary.

Norco 10 mg Qty 180: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-80.

Decision rationale: With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These 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." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the requesting provider did adequately document monitoring of the four domains. Improvement in function and pain reduction were noted in a progress note dated 6/9/2015. The patient did not report any side effects. The patient noted that the pain score decreased from 7 to 4 with medication use on the numeric rating scale of 0-10. Functionally, there was notation that the worker had improvement in her daily housework, cooking, cleaning, and walking with medication use. Monitoring for aberrant behavior has been carried out, and urine drug testing was reported to be consistent (last one done in May 2015). This request is medically necessary.