

Case Number:	CM15-0172826		
Date Assigned:	09/14/2015	Date of Injury:	02/13/2009
Decision Date:	10/21/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	09/02/2015

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, Massachusetts
 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 55 year old male, who sustained an industrial injury on 2-13-09. He reported pain in the neck, back, and extremities. The injured worker was diagnosed as having cervical spine degenerative disc disease at C2-6 with right greater than left neural foraminal stenosis and moderate central spinal stenosis at C5-6 with bilateral upper extremity radiculitis, lumbar spine degenerative disc disease at L1-S1 with posterior disc bulging most profound at L4-5 causing bilateral foraminal stenosis and bilateral lower extremity radiculitis or radiculopathy, right shoulder partial thickness rotator cuff tear or degenerative labral tear or acromioclavicular arthrosis, left shoulder acromioclavicular or supraspinatus tendinosis, bilateral elbow cubital tunnel syndrome and lateral epicondylitis, right wrist carpal tunnel syndrome, and left wrist status post carpal tunnel release with residual symptoms. Treatment to date has included acupuncture, TENS, injections, physical therapy, a home exercise program and medication. Physical examination findings on 8-4-15 included lumbar spine tenderness to palpation with spasm, a positive Lasague's sign bilaterally positive SLR bilaterally, 4 of 5 strength bilaterally, and decreased sensation in bilateral thighs, calves, and dorsal feet. Deep tendon reflexes were noted to be +1 in the knees and trace in bilateral ankles. The injured worker had been taking Mobic since July 2015 and Norco since at least October 2014. Pain on 7-22-15 was rated as 9 of 10 with medication and 10 of 10 without medication; there is also improved activities of daily living and functional capacity with medications on an as needed basis. The treating physician noted that as a result of medications the injured worker was able to do chores and go to work with medications. Currently, the injured worker complains of pain in

the cervical spine and lumbar spine with radiation to bilateral lower extremities with numbness and tingling. On 7-22-15 the treating physician requested authorization for an L4-5 epidural steroid injection, Norco 10-325mg #60, and Mobic 15mg #30. On 8-7-15 the requests were modified or non-certified. Regarding the epidural steroid injection, the utilization review (UR) physician noted there was no documented evidence or exam findings of "motor weakness or diminished deep tendon reflexes to establish radiculopathy, the request is not guideline supported." Regarding Norco, the UR physician noted the request was modified to a quantity of 24 "no further dosage is needed to conclude a wean of this medication." Regarding Mobic, the UR physician noted "review of records revealed no evidence of the signs and symptoms of osteoarthritis to thereby warrant Mobic use."

IMR ISSUES, DECISIONS AND RATIONALES

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

L-4L5 Epidural steroid injection: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: According to MTUS, epidural steroid injections are "recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)... based on the following criteria: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) 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, with a general recommendation of no more than 4 blocks per region per year." From my review of the records the IW has both subjective exam evidence and physical exam evidence of radiculopathy; provocative steting such as straight leg raise was positive and symptoms are consistent with neuropathic pain supporting a diagnosis of radiculopathy. The provided clinic record clearly states that the IW has not improved with conservative therapy and would benefit from an epidural injection. Consequently the requested epidural steroid injection is medically necessary.

1 Prescription of Norco 10/325mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids, dosing.

Decision rationale: The IW presents with objective evidence of both cervical and lumbar neuropathic pain which is being treated by anti-inflammatory, neuropathic and opioid agents. CA MTUS guidelines require that criteria for continued long-term use of opioids require ongoing review and documentation of pain relief, functional status improvement, appropriate use, screening of side effects and risk for abuse, diversion and dependence. From my review of the provided medical records, the patient is experiencing quantifiable improvement with ongoing use of short-acting opioids such as Norco. In the provided clinic record there is noted improvement in objective physical exam findings and functional capacity. There has been no escalation, UDS have been appropriate, there are no reported side effects, and no reported concerns of abuse, dosage is within 100 mg MED recommended upper dosage limit. Additionally the injured worker reports improvement of ADLs with current opioid prescription. Consequently continued use of opioids is supported by the medical records and guidelines as being medically necessary.

1 Prescription of Mobic 15mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: According to CA MTUS guidelines anti-inflammatory medications are the traditional first line treatment to reduce pain and inflammation. According to the provided medical records there is improvement with the current dose of NSAID. While the utilization reviewer notes that mobic is treatment for osteoarthritis and the injured worker is not being treated for signs or symptoms of osteoarthritis, however mobic being a non steroid anti-inflammatory medication is appropriate treatment for chronic cervical and lumbar pain. As well, in this specific injured worker there is no report of side-effects and there are no medical issues that would contraindicate continued use of NSAIDs including heart disease or kidney disease. Considering that this medication is supported by the guidelines, current dosage is standard minimal, and there is no contra-indication for ongoing long-term use, I believe continued use is medically necessary at this time.