

Case Number:	CM15-0175279		
Date Assigned:	09/16/2015	Date of Injury:	05/27/1986
Decision Date:	11/19/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	09/04/2015

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: 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 60 year old female who sustained an industrial injury on 5-27-86. The injured worker reported pain in the neck and shoulder with radiation to the bilateral upper extremities. A review of the medical records indicates that the injured worker is undergoing treatments for cervical discogenic disease, cervical facet syndrome and cervical radiculitis. Medical records dated 7-10-15 indicate aching, throbbing and burning pain rated at 7 out of 10. Records indicate worsening of the injured workers activities of daily living. Provider documentation dated 4-10-15 - 5-29-15 noted the work status as disabled. Treatment has included status post cervical laminectomy, cervical magnetic resonance imaging, Exalgo since at least August of 2014, Norco since at least August of 2014, Skelaxin since at least March of 2015, and Mobic since at least March of 2015. Objective findings dated 7-10-15 were notable for reduced range of motion in the cervical spine, upper extremity motor function 3 out of 5 bilaterally, diminished sensation bilaterally at C4-5, C5-6 and C6-7. Provider documentation dated 7-10-15 noted that the injured worker "signed a narcotic contract and is compliant with her medications." The original utilization review (8-7-15) denied a request for Exalgo 16 milligrams quantity of 60, Norco 10-325 milligrams quantity of 150, Skelaxin 800 milligrams quantity of 90, Prevacid 20 milligrams quantity of 30, Bilateral C4-5 cervical epidural steroid injections quantity of 2 and Bilateral C6-7 cervical epidural steroid injections quantity of 2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Exalgo 16 mg QTY 60: Upheld

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 for chronic pain.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. The MTUS states that opioids may be continued, (a) If the patient has returned to work, or (b) If the patient has improved functioning and pain. There is no documentation that the patient fits either of these criteria. This patient's MED is above the recommended daily dosage without report of any significant functional improvement. Exalgo 16 mg QTY 60 is not medically necessary.

Norco 10/325 mg QTY 150.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. The MTUS states that opioids may be continued, (a) If the patient has returned to work, or (b) If the patient has improved functioning and pain. There is no documentation that the patient fits either of these criteria. This patient's MED is above the recommended daily dosage without report of any significant functional improvement. Norco 10/325 mg QTY 150.00 is not medically necessary.

Skelaxin 800 mg QTY 90.00: Upheld

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): Muscle relaxants (for pain).

Decision rationale: The MTUS states that muscle relaxants are recommended with caution only on a short-term basis. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The patient has been taking the muscle relaxant for an extended period of time, far longer than the short-term course recommended by the MTUS. Skelaxin 800 mg QTY 90.00 is not medically necessary.

Prevacid 20 mg QTY 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Protonix is a proton pump inhibitor. According to the Chronic Pain Medical Treatment Guidelines, and prior to prescribing a proton pump inhibitor, a clinician should determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. There is no documentation that the patient has any of the risk factors needed to recommend a proton pump inhibitor. Prevacid 20 mg QTY 30.00 is not medically necessary.

Bilateral C4-5 cervical epidural steroid injections QTY 2.00: Upheld

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 the MTUS, several diagnostic criteria must be present to recommend an epidural steroid injection. The most important criteria are that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There is no clear documentation of radiculopathy as outlined above. No significant right-sided cervical pathology was present in the patient's MRI. Bilateral C4-5 cervical epidural steroid injections QTY 2.00 are not medically necessary.

Bilateral C6-7 cervical epidural steroid injections QTY 2.00: Upheld

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 the MTUS, several diagnostic criteria must be present to recommend an epidural steroid injection. The most important criteria are that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There is no clear documentation of radiculopathy as outlined above. No significant right-sided cervical pathology was present in the patient's MRI. Bilateral C6-7 cervical epidural steroid injections QTY 2.00 are not medically necessary.