

Case Number:	CM15-0028446		
Date Assigned:	02/20/2015	Date of Injury:	03/06/2014
Decision Date:	04/02/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/16/2015

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 38 year old male with an industrial injury dated 03/06/2014 resulting from a fall from a ladder and landing on his left side. His diagnoses include multilevel cervical facet hypertrophy, bilateral neuroforaminal narrowing, left sided C5-C6 radiculopathy, left shoulder impingement syndrome, left shoulder rotator cuff syndrome, and chronic myofascial pain syndrome. Recent diagnostic testing has included a MRI of the of the cervical spine (12/08/2014) showing moderate multilevel hypertrophy and bilateral severe neuroforaminal narrowing at C6-C7, and electrodiagnostic studies (10/14/2014) showing possible left sided C5-C6 radiculopathy. Previous treatments have included conservative care, and medications. In a legal medical report dated 01/27/2015, the treating physician reports severe and constant left shoulder pain (rated 6-7/10) shooting on the left side of the neck and left arm tingling, numbness and paresthesia. The objective examination revealed loss of lordotic curve of the cervical spine, restricted range of motion, paravertebral muscle spasms, localized tenderness in the lower cervical and left supraclavicular region, diminished sensation in the left arm, and localized tenderness at the left acromioclavicular joint. The treating physician is requesting a translaminal cervical epidural steroid injection and medications which were denied/modified by the utilization review. On 02/05/2015, Utilization Review non-certified a request for 1 translaminal cervical epidural steroid injection, noting the absence of testing results supporting radiculopathy at C6-C7. The MTUS Guidelines were cited. On 02/05/2015, Utilization Review modified a prescription for Neurontin 600mg to the approval of Neurontin 600mg up to #15 to allow for weaning, noting the lack of functional improvement in pain levels. The MTUS Guidelines were

cited. On 02/05/2015, Utilization Review non-certified a prescription for Flexeril 7.5mg, noting the lack of response to this medication and the non-recommended long term use. The MTUS Guidelines were cited. On 02/05/2015, Utilization Review non-certified a prescription for Prilosec 20mg, noting the lack of gastrointestinal complaints or symptoms, and the lack of risks for gastrointestinal issues. The MTUS Guidelines were cited. On 02/16/2015, the injured worker submitted an application for IMR for review of 1 translaminal cervical epidural steroid injection, Neurontin 600mg, Flexeril 7.5mg, and Prilosec 20mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) translaminal cervical epidural steroid injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Neck and Upper Back Complaints, Page 175.

Decision rationale: The MTUS states that cervical epidural corticosteroid injections are of uncertain benefit and should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. There is no documentation that the patient is either a candidate for surgery or and is currently being considered for a cervical procedure. One (1) translaminal cervical epidural steroid injection is not medically necessary.

Neurontin 600mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (anti-epilepsy drug AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, 9792.26, Page 19.

Decision rationale: The MTUS states that gabapentin is an anti-epilepsy drug which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. An adequate trial period for gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. With each office visit the patient should be asked if there has been a change in the patient's pain symptoms, with the recommended change being at least 30%. There is no documentation of any functional improvement. Gabapentin is not medically necessary.

Flexeril 7.5mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, 9792.26, Page 64.

Decision rationale: The MTUS Chronic Pain Treatment Guidelines do not recommend long-term use of muscle relaxants such as cyclobenzaprine. The patient has been taking cyclobenzaprine for an extended period, long past the 2-3 weeks recommended by the MTUS. Flexeril 7.5mg is not medically necessary.

Prilosec 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, 9792.26, Page 68.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (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 the proton pump inhibitor Prilosec 20mg.