

Case Number:	CM15-0045589		
Date Assigned:	03/17/2015	Date of Injury:	02/10/2009
Decision Date:	05/27/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/10/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 45 year old female who has reported neck, head, and right upper extremity pain after she was struck by a rack on 02/10/2009. She has been diagnosed with cervical radiculitis, headaches, adhesive capsulitis, right shoulder sprain and right elbow sprain. A cervical MRI of 4/7/11 was reported to show degenerative disc disease without nerve root impingement. An EMG on 8/23/11 did not provide good evidence of radiculopathy. Treatment to date has included oral and topical pain medication, physical therapy, shoulder and elbow injections, shoulder manipulation under anesthesia, and cervical epidural steroid injections. The most recent epidural steroid injection was on 9/30/14. Reports after that injection show ongoing high pain levels, poor function, and self-reported bedbound functional status. She has been prescribed opioids since the original injury. She has not returned to work since the injury. None of the medical reports over the years has described significant functional improvement from using opioids. Reports from the current pain management physician during 2014-2015 show ongoing widespread pain. The reports are stereotyped and contain much of the same information from report to report. Pain is routinely decreased by 20-30% with unspecified medications. Function is reportedly improved with treatment, although references to function are very generic and non-specific. The injured worker has consistently rated her function as "bedbound". The injured worker was in moderate distress at each visit and was using crutches. There was spasm, limited and painful range of motion, and tenderness. Generic drug information that was not patient specific was given in support of the ongoing polypharmacy. Work status is not addressed specifically other than statements that the injured worker is not working. The medications now

under Independent Medical Review have been prescribed chronically, with no reports providing an individual evaluation of the specific indications and results for this injured worker. A cervical epidural steroid injection on 4/1/14 was reported to provide "50% overall improvement". The PR2 of 02/11/2015 provides the same kind of information as prior reports. The physician noted a positive response to a previous cervical epidural steroid injection and requested a repeat. Lyrica and MS Contin were refilled. On 2/25/15 Utilization Review non-certified a cervical epidural steroid injection, Lyrica, and MS Contin. The epidural steroid injection was non-certified based on lack of functional improvement after the prior epidural steroid injection. Lyrica prescribing was not supported by sufficient benefit per the MTUS. MS Contin was not supported by sufficient pain relief and functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

One right C5-6 and C6-7 cervical epidural injection under fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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

Decision rationale: The MTUS, chronic pain section, page 46 describes the criteria for epidural steroid injections. Epidural injections are a possible option when there is radicular pain caused by a radiculopathy documented by physical examination and corroborated by imaging studies and/or electro-diagnostic testing. There is poor evidence supporting cervical epidural steroid injection for radicular pain. This injured worker does not meet the MTUS criteria for an epidural steroid injection. There are insufficient clinical findings of radiculopathy, such as dermatomal sensory loss or motor deficits correlating with a specific lesion identified by objective testing. The MRI shows no nerve root compression, and there are no clinical findings of radiculopathy. There is no evidence in the medical reports that the proposed epidural injection will be used in conjunction with "other rehab efforts, including continuing a home exercise program", or a concurrent "more active treatment program". The MTUS recommends that any repeat injection be considered based on the degree of pain relief and functional improvement 6-8 weeks after the initial injection. Sufficient functional improvement did not occur after the last epidural steroid injection. The medical reports do not describe any specific functional improvement after the last epidural steroid injections, and pain levels remained at 7-8/10 after the last injections. An epidural injection is not medically necessary based on the MTUS indications, which are not met in this case.

Prescription of Lyrica 75mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica (pregabalin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs; Medication trials Page(s): 19-20; 60.

Decision rationale: Per the MTUS, pregabalin is recommended for neuropathic pain. There is no good evidence in this case for neuropathic pain. There are no physician reports, which adequately address the specific symptomatic and functional benefit from the AEDs used to date. Note the criteria for a "good" response per the MTUS. Pain levels have remained very high and function is very poor while Lyrica was prescribed, indicating a failure of treatment. AED's have a significant risk of teratogenicity and alterations in contraceptives, and this must be discussed with the patient. There is no evidence that this reproductive-age woman has been counseled regarding this significant issue. Pregabalin is not medically necessary based on the lack of any clear indication, the lack of counseling and consent regarding the reproductive risks, and the lack of significant symptomatic and functional benefit from its use to date.

Prescription for MS Contin 15mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Morphine Sulfate Criteria for Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management; Opioids, steps to avoid misuse/addiction; indications, Chronic back pain; Mechanical and compressive etiologies; Medication trials Page(s): 77-81; 94; 80; 81; 60.

Decision rationale: There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. There is no evidence of significant pain relief or increased function from the opioids used to date. Pain levels have remained high, function is very poor, and the injured worker considers herself as bedbound. The prescribing physician describes this patient as not working, which fails the "return-to-work" criterion for opioids in the MTUS, and represents an inadequate focus on functional improvement. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics". The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is a high rate of aberrant opioid use in patients with chronic back pain. There is no record of a recent urine drug screen program. The only urine drug screen result in the records is from 2012. As currently prescribed, this opioid does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary. This is not meant to imply that some form of analgesia is contraindicated; only that the opioids as prescribed have not been prescribed according to the MTUS and that the results of use do not meet the requirements of the MTUS.