

<b>Case Number:</b>	CM13-0011572		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/09/1994
<b>Decision Date:</b>	06/16/2014	<b>UR Denial Date:</b>	08/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2013

### 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. The expert reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 51-year-old who reported an injury on September 9, 1994. The mechanism of injury was not provided for review. The patient ultimately underwent cervical fusion from the C4 through the C6 levels. The patient continued to have chronic pain that was managed with medications. The patient's most recent clinical examination findings included pain in the bilateral fingers and wrists with full range of motion and no sign of inflammation. The patient's diagnoses included cervicalgia and chronic pain syndrome. The patient's treatment plan included an epidural steroid injection and continuation of medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ONE SELECTIVE NERVE ROOT INJECTION AT RIGHT C6-C7: 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 Epidural Steroid Injections (ESI) Section Page(s): 46.

**Decision rationale:** The clinical documentation submitted for review does indicate that the patient previously received an epidural steroid injection that did provide benefit. The California Medical Treatment and Utilization Schedule recommends repeat epidural steroid injections for

patients who receive at least 50% pain relief for six to eight weeks or longer with documented functional improvement. The clinical documentation submitted for review did not provide any evidence of documented functional improvement or a quantitative assessment of pain relief with an appropriate duration of time. The request for one selective nerve root injection at right C6-C7 is not medically necessary or appropriate.

**ONE PRESCRIPTION OF GABAPENTIN 800 MG: 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 Antiepilepsy Drugs (AEDs) Section Page(s): 60,16.

**Decision rationale:** The California Medical Treatment and Utilization Schedule recommends that continuation of chronic pain medications be supported by an assessment of pain relief and documentation of functional improvement. The clinical documentation submitted for review does not provide any evidence of pain relief or functional improvement related to medication usage. The request for one prescription of Gabapentin 800 mg is not medically necessary or appropriate.

**ONE FACILITY REQUEST FOR [REDACTED]: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**ONE PRESCRIPTION OF MIRTAZEPINE 30MG: 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 Antidepressants for Chronic Pain Section Page(s): 60,13.

**Decision rationale:** The California Medical Treatment and Utilization Schedule does recommend antidepressants as a first line treatment for chronic pain. However, the California Medical Treatment and Utilization Schedule also indicates that any medications used in the management of chronic pain be supported by an assessment of pain relief and documentation of functional benefit. The clinical documentation submitted for review does not provide any evidence of pain relief or documentation of functional benefit to support continued use of this

medication. The request for one prescription of Mirtazepine 30mg is not medically necessary or appropriate.

**ONE PRESCRIPTION OF MORPHINE SULFATE ER 100MG: 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 Opioids - On-Going Management Section Page(s): 78.

**Decision rationale:** The California Medical Treatment and Utilization Schedule recommends the continued use of opioids in the management of a patient's chronic pain be supported by a quantitative assessment of pain relief, documented functional benefit, managed side effects, and evidence of compliance to a prescribed medication schedule. The clinical documentation submitted for review does not provide any evidence that the patient is monitored for compliant behavior. Additionally, there is not a quantitative assessment of pain relief related to medication usage to support the efficacy of this treatment modality. Also, there is no documentation of functional benefit related to medication usage. The request for one prescription of Morphine Sulfate ER 100mg is not medically necessary or appropriate.

**ONE PRESCRIPTION OF OXYCODONE HCL 15MG: 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 Opioids - On-Going Management Section Page(s): 78.

**Decision rationale:** The California Medical Treatment and Utilization Schedule recommends the continued use of opioids in the management of a patient's chronic pain be supported by a quantitative assessment of pain relief, documented functional benefit, managed side effects, and evidence of compliance to a prescribed medication schedule. The clinical documentation submitted for review does not provide any evidence that the patient is monitored for compliant behavior. Additionally, there is not a quantitative assessment of pain relief related to medication usage to support the efficacy of this treatment modality. The request for one prescription of Oxycodone HCL 15mg is not medically necessary or appropriate.