

<b>Case Number:</b>	CM13-0018946		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	10/31/2012
<b>Decision Date:</b>	01/03/2014	<b>UR Denial Date:</b>	07/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/30/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Medicine & Rehabilitation, and is licensed to practice in California. 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 physician 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.

### 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 underlying date of injury in this case is 10/31/2012. This patient is a 45-year-old woman who was diagnosed in the emergency room setting with an acute contusion of the right hip and pelvis and right shoulder as well as a crush injury by forklift. The patient has been treated for ongoing cervical and lumbar spine pain as well as frequent headaches with associated reports of weakness, tingling, and numbness in her legs and arms bilaterally while performing activities of daily living. Cervical MRI imaging has demonstrated a disc bulge at C5-C6 without specific neural compromise. An initial physician reviewer noted that the clinical record did not support the inclusion that the patient had a focal radiculopathy requiring an epidural injection. The physician reviewer noted that the patient did not have a documented history of gastrointestinal side effects as result of antiinflammatory medication usage or other reasons. Therefore the reviewer recommended non-certification of Prilosec/Rapinex. The initial physician reviewer indicated that the records did not appear to document a benefit from ongoing use of Norflex.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One cervical epidural steroid injection at C7-T1 with catheter to C5-6 under fluoroscopic guidance:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Injections Page(s): 46.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines Section on Epidural Injections, page 46, states, "there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain... Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." It is not clear at this time that this patient has exam findings and diagnostic findings which correlate to support the presence of a radiculopathy. The guidelines have not been met. The request for one cervical epidural steroid injection at C7-T1 with catheter to C5-6 under fluoroscopic guidance is not medically necessary and appropriate.

**One prescription of Prilosec, Rapinex 20 mg #30:** 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 Antiinflammatory Medications and Gastrointestinal Symptoms Page(s): 68.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines Section on Anti-inflammatory Medications and Gastrointestinal Symptoms, page 68, states, "Determine if the patient is at risk for gastrointestinal events: age greater than 65 years, history of peptic ulcer or GI bleeding, concurrent use of aspirin or corticosteroids, or high-dose/multiple antiinflammatory medications." The records do not clearly meet these criteria nor supply other criteria for gastrointestinal prophylaxis. The request for one prescription of Prilosec, Rapinex 20 mg #30 is not medically necessary and appropriate.

**One prescription of Norflex 100 mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines Section on Muscle Relaxants, page 63, states, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain." This same guideline discusses drowsiness as an anticholinergic side effect of Norflex. The guidelines do not support this medication, particularly in the chronic phase. The records do not provide an alternative rationale for this request. The request for one prescription of Norflex 100 mg #60 is not medically necessary and appropriate.