

Case Number:	CM13-0031320		
Date Assigned:	12/04/2013	Date of Injury:	09/28/2010
Decision Date:	01/16/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	10/03/2013

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 Anesthesiologist, has a subspecialty in Pain Medicine 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 patient is a 52-year-old female with a reported date of injury on 09/28/2010. The patient presented with cervical spine pain radiating bilateral into the right upper extremity greater than the left at C5-6, C6-7 paraspinous muscles, left base of occiput, right upper trapezius, right levator scapulae, and right rhomboid. The patient had pain with flexion and extension, sensory examination revealed decrease sensation in the right radial forearm, right index, and right thumb, and tenderness in the acromial bursa, biceps tendon, and pectoralis. Neer testing, Hawkins sign, Jobe's sign, Speed's test, and cross arm examination were negative. The patient had diagnoses including cervical strain/sprain, multilevel degenerative disc disease, cervical disc desiccation, right shoulder strain, status post right shoulder arthroscopic subacromial decompression with Mumford procedure, right-sided thoracic outlet syndrome, lumbar sprain/strain, lumbar spine central canal stenosis, mild, status post left hip total joint replacement, right hip osteoarthritis, and stress and anxiety. The physician's treatment plan included a request for an additional therapeutic cervical epidural steroid injection under fluoroscopy at C3-4, cyclobenzaprine 7.5 mg twice daily as needed, and hydrocodone Bit/APAP 5/325 mg 1 tab every 8 hours for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) additional therapeutic cervical epidural steroid injection under fluoroscopy at C3-4: 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 California MTUS guidelines note epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The guidelines note radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Patients should be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). The guidelines note no more than two nerve root levels should be injected using transforaminal blocks and no more than one interlaminar level should be injected at one session. The patient had constant neck pain with radiation into the right upper extremity. The patient had pain with range of motion. The patient had tenderness to palpation over the right greater than left base of the occiput, C5-6, C6-7, as well as the right upper trapezius, right levator scapulae, and right rhomboid. The patient had decreased sensation over the right C6 dermatome. MRI of the cervical spine performed 12/20/2010 revealed a 2 mm disc bulge with posterior longitudinal ligament hypertrophy, mild canal narrowing, and moderate right and mild left neural foraminal narrowing at C3-4. The patient underwent a cervical epidural steroid injection on 06/05/2013 which she felt provided her temporary relief and then the pain returned to its previous pain level. Within the provided documentation, the requesting physician did not include documentation that the prior injection provided the patient with at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks as well as objective functional improvement. Therefore, the request for 1 additional therapeutic cervical epidural steroid injection under fluoroscopy at C3-4 is neither medically necessary nor appropriate.

Cyclobenzaprine 7.5 mg, twice daily as needed, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The California MTUS guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Cyclobenzaprine is specifically recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Within the provided documentation it appeared the patient had been utilizing the medication since at least 02/06/2013. Within the provided documentation the requesting physician did not include adequate documentation of significant objective functional improvement with the use of the medication. Additionally, guidelines note cyclobenzaprine is

recommended for a short course of therapy and there was limited, mixed evidence to allow for a recommendation for chronic use. Therefore, the request for cyclobenzaprine 7.5 mg twice daily is neither medically necessary nor appropriate.

Hydrocodone Bit/APAP 5/325mg, one tab every eight (8) hours for pain, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines therapeutic trial for opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: The California MTUS guidelines recommend patients utilizing opioid medication should obtain prescriptions from a single practitioner, medications should be taken as directed, and all prescriptions should come from a single pharmacy. Providers should prescribe the lowest possible dose should be prescribed to improve pain and function. Provider should conduct ongoing review with documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Within the provided documentation the requesting physician did not include adequate documentation of improvement in functional status with the use of the medication as well as appropriate medication use, and side effects, or the lack thereof. Additionally, the requesting physician did not include an adequate and full assessment of the patient's pain including current pain, the least reported pain over the period since the last assessment, average pain, and intensity of the pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Therefore, the request for hydrocodone Bit/APAP 5/325 mg 1 tab every 8 hours for pain is neither medically necessary nor appropriate.