

Case Number:	CM13-0033182		
Date Assigned:	12/06/2013	Date of Injury:	12/26/2007
Decision Date:	02/10/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/09/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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. 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:

Patient is a 48 year old () male Law enforcement special agent with . DOI: 12/26/2007 due to a motor vehicle collision Accepted Body Parts: Internal Organs, Shoulder (Left), Soft Tissue-Head, Upper Back Area, Lower Back Area, Soft Tissue- Neck, and Thumb (Left). Past Medical Hx: DVT, Hypertension, migraines, depression, nephrolithiasis, anxiety, sleep apnea. Work status: Full duty. **DIAGNOSES:** 1. Degenerative disc disease, cervical 2. Degenerative disc disease, lumbar 05/25/11 Cervical spine MRI impression: ACDF changes from C5-C 7. Posterior osteophytes causes mild spinal canal narrowing at the C5-6 & C6-7 levels. Spondylosis as described in report. No definite cord signal abnormality. 06/25/12 MRI L-Spine impression: 1. Mild facet joint arthropathy at L3-4, 14-5 & L5-S1. 2. Broad-based disc bulge with more prominent left foraminal component at L3-4 which is tightening the left neural foramen and displacing the left L4 nerve root. -05/29/13 Urine drug screen: Positive for opiates & consistent. -2008 C5-6 fusion. Per documentation dated 6/26/12 patient had a cervical epidural steroid injection on 1/31/12 for C7-T1. He was seen in follow-up three weeks later, with some subjective relief. He noted 50% pain relief after the injection in January which had persisted. Another epidural steroid injection took place 4/17/12, again at C6-7, using interlaminar approach with fluoroscopy. Two weeks postoperatively he was evaluated for the efficacy of these injections. He had a 50% pain relief with the injection. The patient was at that time post injection attempting to do pushups and mild exercises for full work duty, as his employer would not accept any modifications. Per 9/9/13 physician note: He is interested in an interlaminar C6- 7 CESI. He has had these in the past. His last one was over a year ago. He received over 50% pain relief for 4-5 months. He was able to take fewer medications and do more at work and around the

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg qty 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41.

Decision rationale: Per MTUS guidelines the requested treatment of Flexeril 7.5mg quantity 120 is not medically necessary. Chronic Pain Guidelines does not support ongoing Flexeril in the treatment of chronic pain. Per guidelines, "The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief."

C6-C7 interlaminar cervical epidural steroid injection with fluoroscopic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

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

Decision rationale: C6-C7 interlaminar cervical epidural steroid injection with fluoroscopic guidance is not medically necessary per MTUS guidelines. Per guidelines, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." Patient's most recent physical examination reveals no evidence of radiculopathy. Per 9/9/13 Physical examination: The patient has 5/5 bilateral upper extremity strength Upper extremity DTRs are 2+ and symmetric. Spurling's sign is negative bilaterally. Sensation is intact.

Terocin 120mL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57, 105, 111, 112-113.

Decision rationale: Terocin 120 ml is not medically necessary per MTUS guidelines. According to the Chronic Pain Treatment Guidelines MTUS (9792.20-9792.26 page 111) There is little use to support the use of many of these agents. (Topical analgesics) Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended.

