

<b>Case Number:</b>	CM13-0040642		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	06/21/2010
<b>Decision Date:</b>	02/04/2014	<b>UR Denial Date:</b>	10/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 and is licensed to practice in Illinois. 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:

The patient is a 37-year-old male who reported an injury on 06/21/2010. The patient is currently diagnosed with cervical radiculopathy. The patient was seen by [REDACTED] on 10/09/2013. Physical examination revealed positive paraspinal spasm extending into the upper trapezius, slight midline tenderness at C5-7, limited range of motion, 5/5 bilateral upper and lower extremity strength and intact sensation. Treatment recommendations included the continuation of current medications, a series of 2 cervical epidural steroid injections and physical therapy for 2 to 3 sessions for 6 to 8 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 series of 2 Cervical Epidural Steroid Injections C5-C6 and C6-C7: Upheld**

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

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

**Decision rationale:** The California MTUS Guidelines state that epidural steroid injections are recommended as an option for the treatment of radicular pain with use in conjunction with other rehab efforts. Radiculopathy must be documented by physical examination and corroborated by

imaging studies and/or electrodiagnostic testing. Patients should also provide initially unresponsive to conservative treatment. As per the clinical notes submitted, the patient does not demonstrate signs or symptoms of radiculopathy upon physical examination. The latest examination on 10/09/2013 indicated only paraspinal spasm with slight midline tenderness. The patient demonstrated a negative Spurling's maneuver, 5/5 strength in the bilateral upper extremities and intact sensation with 2+ deep tendon reflexes. There were also no imaging studies or electrodiagnostic reports submitted for this review to corroborate a diagnosis of radiculopathy. Additionally, there is no evidence of a failure to respond to recent conservative treatment, including exercises, physical methods, NSAIDs and muscle relaxants. Based on the clinical information received, the patient does not currently meet the criteria for a cervical epidural steroid injection. As such, the request is non-certified.

**60 Prescription for Nortriptyline 25mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 13-16.

**Decision rationale:** The California MTUS Guidelines state that antidepressants are recommended as a first-line option for neuropathic pain and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated or contraindicated. As per the clinical notes submitted, the patient has continuously utilized this medication. Despite the ongoing use, the patient continues to report persistent pain in the neck, right elbow, shoulder and wrist. The patient's physical examination does not reveal any neurological deficit. Based on the clinical information received, the request is non-certified.

**1 Prescription for Norco 10/325 mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 74-82.

**Decision rationale:** The California MTUS Guidelines state that a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Baseline pain and functional assessment should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should occur. As per the clinical notes submitted, the patient has continuously utilized this medication. Despite the ongoing use, the patient continues to report pain in the cervical spine, right elbow, shoulder and wrist. Satisfactory response to treatment has not been indicated by a decrease in pain, increase in function or improved quality of life. Therefore, ongoing treatment cannot be determined as medically appropriate. As such, the request is non-certified.

## **1 Prescription for Prilosec 20mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 68-69.

**Decision rationale:** The California MTUS Guidelines state that proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. As per the clinical notes submitted, there is no indication that this patient suffers from a cardiovascular disease nor evidence that this patient is at risk for gastrointestinal events. The records indicate gastrointestinal symptoms secondary to the use of Norco. As the patient's continued use of Norco has not been authorized, the current request cannot be determined as medically appropriate. Based on the clinical information received, the request is non-certified.

## **1 Gastroenterology (GI) Consult: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): s 89-92.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state that referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery or has difficulty obtaining information or an agreement to a treatment plan. As per the clinical notes submitted, there is no evidence of significant gastrointestinal events. Based on the lack of red flags and the fact that the complaints are secondary to the use of medication that has not been authorized, the current request for a gastrointestinal consultation cannot be determined as medically appropriate. As such, the request is non-certified.

## **1 Urinalysis Drug Screen: 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 Page(s): s 43, 77, 89.

**Decision rationale:** An option, using a urine drug screen to assess for the use or presence of illegal drugs. The Official Disability Guidelines state that the frequency of urine drug testing should be based on documented evidence of risk stratification, including the use of a testing instrument. Patients at low risk of addiction or aberrant behavior should be tested within 6 months of the initiation of therapy and on a yearly basis thereafter. As per the clinical notes

submitted, the patient's injury was over 3 years ago to date, and there is no indication of noncompliance or misuse of medication. There is also no evidence that this patient falls under a high risk category that would require frequent monitoring. Therefore, the current request cannot be determined as medically appropriate. As such, the request is non-certified.

#### **24 Physical Therapy Sessions: 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 Page(s): s 98-99.

**Decision rationale:** The California MTUS Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function and range of motion and can alleviate discomfort. Guidelines allow for a fading of treatment frequency plus active, self-directed home physical medicine. As per the clinical notes submitted, the latest physical examination only revealed positive spasm with slight midline tenderness and limited range of motion. The patient demonstrated intact sensation and 5/5 motor strength in the bilateral upper and lower extremities. Documentation of a significant musculoskeletal or neurological deficit was not provided. Additionally, it is unknown whether the patient has completed previous formal physical therapy. Documentation of previous treatment duration and efficacy was not provided. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.