

<b>Case Number:</b>	CM13-0046441		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/13/2000
<b>Decision Date:</b>	03/07/2014	<b>UR Denial Date:</b>	10/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 & 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. 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 male who reported an injury on 01/13/2000. The patient is diagnosed with cervical pain with radiculopathy and history of cervical fusion. The patient was seen by [REDACTED] on 08/27/2013. The patient reported severe neck pain with stiffness and spasm. The patient also reported tingling and numbness to bilateral upper extremities. Physical examination revealed tenderness to palpation with decreased sensation at the C5 distribution. Treatment recommendations included continuation of current medication including Vicoprofen and Prozac, as well as a cervical epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) C6-7 cervical epidural steroid injection: 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:** California MTUS Guidelines state epidural steroid injections are recommended as an option for 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. As per the documentation submitted, the patient's motor examination was within normal limits. The patient did not demonstrate decreased or painful range of motion. There were no imaging studies or electrodiagnostic reports submitted for review to corroborate a diagnosis of radiculopathy. There is also no evidence of a recent failure to respond to conservative treatment, including exercise, physical methods, NSAIDs and muscle relaxants. Based on the clinical information received, the request is noncertified.

**Vicoprofen, unspecified:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72 and 74-82.

**Decision rationale:** The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, and appropriate medication use, should occur. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. As per a previous note by [REDACTED] on 11/06/2012, the patient was recommended Norco and Ultram rather than Vicodin, as the patient maintains cirrhosis of the liver and hepatomegaly. Based on the clinical information received, the request is noncertified.

**Prozac, unspecified:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16 and 107..

**Decision rationale:** The California MTUS Guidelines state SSRIs are not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent symptoms. There is no documentation of secondary depression. Additionally, a previous note dated 07/16/2012 by [REDACTED] indicated that the patient was to discontinue Prozac based on a laboratory workup. Medical necessity has not been established. As such, the request is non-certified.