

Case Number:	CM13-0048863		
Date Assigned:	12/27/2013	Date of Injury:	12/17/2004
Decision Date:	09/05/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/06/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and 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 expert 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 injured worker is a 61-year-old female who reported an injury on 12/17/2004 due to an unknown mechanism. Prior treatments included home exercise, moist heat therapy, stretching. A cervical epidural spine injection was performed at unknown levels on an unknown date which provided the injured worker with 60%-70% improvement for an unspecified length of time. The injured worker's medication regimen included Norco, Neurontin and Soma. The injured worker had a surgical history including a lumbar fusion L5-S1 with hardware on 06/17/2008 and three level cervical fusion with hardware on 12/17/2008. A cervical spine CT scan was performed on 02/06/2012 and noted no change from a cervical spine CT scan dated 07/09/2009. On 02/11/2012 the injured worker had a cervical MRI; compared with the cervical MRI on 07/09/2009, there is a possible slight degree of stenosis at C-3 to C4, evidence of spinal fusion surgery from C-4 to C-7, and a 4 mm central broad based disc protrusion indenting the spinal cord and reducing the AP dimension of the dural sac to 7 mm. This finding is greater than the 07/09/2009 findings indicating an increase of spinal stenosis. On 02/14/2012, the injured worker had a negative EMG and a negative nerve conduction study. A urine drug screen was performed on 06/24/2013 which was positive for hydromorphone and norhydrocodone and negative for Soma. The clinical note dated 10/14/2013 noted the injured worker reported her pain was rated 5/10. The injured worker reported increased mobility and better tolerance of activities of daily living and home exercise. The physician noted the injured had decreased deep tendon reflexes that were equal bilaterally and tenderness with palpation at C6-7. The physician also noted a negative Spurling's. The injured worker was diagnosed with thoracic/lumbosacral neuritis/radiculitis unspecified, brachial neuritis or radiculitis NOS, cervicalgia, postlaminectomy syndrome to the lumbar region, post-laminectomy cervical region, degenerative lumbar, lumbosacral intervertebral disc, and degeneration of cervical intervertebral disc. The request for

authorization form noted continued cervical spine pain and increased radiculopathy pain to bilateral upper extremities. A request for authorization form for a urine toxicology screen that was performed on 10/14/2013 was dated 10/21/2013 but not signed. The provider performed a urine drug screen to monitor compliance with the pain management contract between the physician and injured worker. A request for authorization form for a refill of Soma 350 mg, 10 tablets with three refills was dated 10/21/2013 but not signed. The provider recommended Soma to address muscle spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL STEROID INJECTION AT C4-C6 MIDDLE: Upheld

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

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

Decision rationale: The request for cervical epidural steroid injection at C4-6 middle is not medically necessary. The California MTUS Guidelines for epidural steroid injections recommend this modality as an option for treatment of radicular pain. The guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The injured worker must be unresponsive to conservative treatment and injections should be performed using fluoroscopy for guidance. In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks with a general recommendation of no more than four blocks per region per year. An MRI of the cervical spine was performed on 02/11/2012 there was little change from the MRI performed on 07/09/2009, there was a possible slight increase in the degree of stenosis at C-3 to C4, there was evidence of spinal fusion surgery from C-4 to C-7, and there was a 4 mm central broad based disc protrusion indenting the spinal cord and reducing the AP dimension of the dural sac to 7 mm at the C3-C4 level. On 02/14/2012 EMG/NCV were performed, which were both negative. The physician did not provide a date of the prior injection or the level at which it was performed. The provider noted the injured worker had 60%-70% improvement after the prior injection. The requesting physician did not include documentation indicating whether the injured worker had improvement in function or a decrease in medication usage with the prior injection. There is no indication how long the relief lasted with the prior injection. Additionally, there is a lack of documentation indicating the injured worker has symptoms of neurologic deficit upon physical exam and diagnostic imaging did not indicate significant pathology at the requested levels. As such, the request is not medically necessary.

URINE TOXICOLOGY SCREEN PERFORMED ON 10/14/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines DRUG TESTING Page(s): 43.

Decision rationale: The decision for urine toxicology screen performed on 10/14/2013 is not medically necessary. The California MTUS Guidelines recommend drug testing as an option using a urine drug screen to assess for the use or the presence of illegal drugs. A urine drug screen was performed on 06/24/2013 which was positive for hydromorphone and norhydrocodone and negative for Soma. The injured worker was prescribed Norco as needed for pain and Soma as needed for spasms. Given that Soma is used on an as needed basis, the absence of Soma upon testing would not be inconsistent with the injured worker's medication regimen. The provider's rationale for a repeat urine drug screen 4 months after the prior urine drug screen was not provided. As such, the request is not medically necessary.

SOMA (CARISOPRODOL) 350MG #10 WITH 3 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS, ANTISPASMODIC, SOMA Page(s): 45.

Decision rationale: The request for Soma 350 mg, 10 tablets with 3 refills, is not medically necessary. Soma is classified as an antispasmodic under muscle relaxant guidelines for California MTUS. The California MTUS Guidelines state Soma is recommended for no longer than a 2 to 3 week period. It is suggested that its main effect is due to generalized sedation as well as treatment of anxiety. The injured worker has been prescribed Soma since at least 04/24/2013 which exceeds the guideline recommendation for short term use. There is a lack of documentation indicating the injured worker has significant improvement in spasms with the medication. There is also a lack of documentation indicating the injured worker has significant spasms upon physical exam. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. The request for 3 refills would not be indicated as the efficacy of the medication should be assessed prior to providing additional medication. As such, the request is not medically necessary.