

<b>Case Number:</b>	CM13-0063980		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	11/02/2010
<b>Decision Date:</b>	04/10/2014	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2013

### 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 Neurology, has a subspecialty in Neuromuscular 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. 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 claimant is a 49-year-old man who sustained a work-related injury on November 2, 2010. Subsequently, he developed chronic back pain, neck pain, and bilateral upper and lower extremity pain. He was diagnosed with failed back surgery, degenerative disc disease, chronic headache, and neck pain. His CT of the cervical spine performed on July 13, 2013 demonstrated post-surgical change at C5/6. His MRI of the lumbar spine performed on November 28, 2012 demonstrated postoperative change. According to a note dated on September 28, 2012, the patient was complaining of neck pain radiating to upper extremities, and back pain radiating to the lower extremities. The patient was treated with physical therapy and epidural injection. His physical examination showed cervical and lumbar tenderness with reduced range of motion.

### 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-C5:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 173, 309.

**Decision rationale:** The MTUS/ACOEM Guidelines indicate that cervical epidural corticosteroid injections are of uncertain benefit and should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. Epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit; however, there is no significant long term benefit or reduction for the need of surgery. Furthermore, the patient's file does not document that the patient is a candidate for surgery. In addition, there is no clinical and objective documentation of radiculopathy. The guidelines do not recommend epidural injections for neck pain without radiculopathy.

**Lumbar epidural steroid injection at L5-L4 and L5-S1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** The MTUS/ACOEM Guidelines indicate that an epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit, however there is no significant long term benefit or reduction for the need of surgery. Furthermore, the patient file does not document that the patient is candidate for surgery. In addition, there is no clinical and objective documentation of radiculopathy. The guidelines do not recommend epidural injections for back pain without radiculopathy. Therefore, lumbar epidural steroid injection is not medically necessary.

**Ultram 50mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 84. Decision based on Non-MTUS Citation US Food and Drug Administration (May 26, 2010).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

**Decision rationale:** The Chronic Pain Guidelines indicate that Ultram (Tramadol) is a central acting analgesic that may be used for chronic pain. Tramadol is a synthetic opioid affecting the central nervous system. Tramadol is not classified as a controlled substance by the Drug Enforcement Administration (DEA). It is not recommended as a first-line oral analgesic. Recent documentation from the patient's chart does not indicate that first line pain medications have failed to neutralize the pain syndrome. In addition, the patient has a history of depression and suicide thoughts. Ultram may increase the risk of suicide. The prescription of Ultram 50mg # 90 is not medically necessary.

**Tizanidine 4mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**Decision rationale:** The Chronic Pain Guidelines indicate that a non-sedating muscle relaxant is recommended with caution, as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case does not show clear evidence of spasm, and the prolonged use of Tizanidine 4 mg #90 is not justified. The request is not medically necessary.

**Celebrex 200mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications and Celebrex Page(s): 22, and 30.

**Decision rationale:** The Chronic Pain Guidelines indicate that [REDACTED] is the brand name for celecoxib, and it is produced by [REDACTED]. Celecoxib is a non-steroidal anti-inflammatory drug (NSAID). A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective NSAIDs in chronic low back pain. Celebrex is indicated in case of back pain, especially in case of failure or contraindication of NSAIDs. There is no clear documentation of failure of previous use of NSAIDs. There no documentation of contraindication of NSAIDs. Therefore, the prescription of Celebrex 200mg #30 is not medically necessary.