

<b>Case Number:</b>	CM14-0003810		
<b>Date Assigned:</b>	02/03/2014	<b>Date of Injury:</b>	04/01/2004
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	01/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2014

### 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, has a subspecialty in Interventional Spine 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:

This patient is a 56-year-old female, date of injury 04/01/2004. Per treating physician's report 12/17/2013, the patient presents with neck symptoms, bilateral arm complaints at an intensity of 4/10 to 6/10. The patient had cervical epidural steroid injection at C5, C6, and C7 on 05/28/2010 by another physician, but does not recall the exact benefits, but received overall relief from it. Listed diagnoses are chronic neck pain status post laminectomy cervical spine from 03/22/2011, cervical radiculopathy and chronic pain syndrome. Request was for cervical epidural steroid injection targeting C5, C6, and C7 nerve roots for diagnostic and therapeutic purposes. Procedure was over 3 years ago without patient's recollection as to how much the injection helped. MRI of the cervical spine from 11/24/2010 showed degenerative disk disease with retrolisthesis at C5-C6 and C6-C7, spinal canal stenosis mild at these 2 levels, foraminal narrowing at C5-C6 moderate to severe on the left side. Report from 10/22/2013 indicates the patient's pain is at 4/10 to 6/10 and pain in the neck with numbness and tingling, burning, traveling down upper extremities left greater than right. The patient continues to work part-time and is able to tolerate this. Medrox patches do help with her pain and allow her for an increased level of function. Utilization Review letter is dated 01/07/2014 which authorized 1 prescription of gabapentin, but not the refill, denied the Norco due to lack of any qualified improvement or change from use of the medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**GABAPENTIN 600 MG WITH ONE REFILL: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy drug (AEDs)..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines GABAPENTIN Page(s): 18-19.

**Decision rationale:** This patient presents with chronic neck pain and upper extremity pain, worse on the left side, with history of cervical decompression/laminectomy. Utilization Review appropriately authorized this medication given the patient's neuropathic pain, but did not authorize 1 refill. Recommendation is for authorization of gabapentin with 1 refill. For functional level, the patient is working part time. The patient does present with significant and persistent radicular symptoms in the upper extremities and the use of gabapentin is appropriate. The request is medically necessary.

**HYDROCODONE/APAP 10/325 MG QUANTITY 90: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines LONG-TERM OPIOID USE Page(s): 88-89.

**Decision rationale:** This patient presents with chronic pain neck pain and upper extremity pains with prior history of surgery. The request is for Norco #90. Review of the reports indicates that the patient is working part-time which is considered significant functional improvement, although the treating physician does not directly discuss medication efficacy. The patient's pain is controlled well enough to be able to work. MTUS supports use of opiates for chronic moderately severe pain particularly when pain reduction and functional gains are well documented. The request is medically necessary.

**ONE CERVICAL EPIDURAL STEROID INJECTION AT C5, C6, AND C7: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175, 181.,Chronic Pain Treatment Guidelines Criteria for the use of Epidural Steroid Injections. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS, Page(s): 46-47.

**Decision rationale:** This patient presents with chronic neck and bilateral upper extremity pain, worse on the left side. The request is for cervical epidural steroid injections of both levels at C5, C6, and C7. Review of the MRI from 11/24/2010 showed left-sided significant foraminal stenosis at C5-C6, mild central stenosis at this level, and degenerative disk changes from C5 to

C7. The examination showed dermatomal deficits at C5, C6, and C7. The patient apparently had cervical epidural steroid injection a number of years ago in 2010, but does not recall whether or not there was benefit. Reports indicate the patient subsequently had cervical spine surgery. MTUS Guidelines allow epidural steroid injection for clear diagnosis of radiculopathy. In this patient, there is no MRI evidence of nerve root impingement or significant stenosis. The MRI is from 2010, and the patient subsequently had decompressive surgery. Furthermore, the request is for 3-level epidural steroid injection, and MTUS Guidelines allow only up to 2 levels if transforaminal approach is used. It is also not clear why the treating physician is asking 3-level injections without clear MRI findings of pathologies at each of these levels. The request is medically necessary.