

<b>Case Number:</b>	CM14-0102449		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	12/06/2006
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	06/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 60-year-old female with a 12/6/06 date of injury, status post micro lumbar discectomy in 1994, and status post anterior cervical discectomy and fusion at C3-C5 7/19/12. At the time (6/2/14) of request for authorization for interlaminar epidural steroid injection on the right C5, C6, and C7, Hydrocodone/APAP 7.5/325mg #60, Robaxin 500mg #60, and Edluar 5mg #15, there is documentation of subjective (10/10 pain, whole body hurts significantly and equal, neck pain into right shoulder and right upper extremity with numbness and stabbing into hand second through fifth digits, and lack of sleep) and objective (tender to palpation in cervical paraspinal musculature, decreased sensation right C5-C7 dermatomes, 4+/5 left upper extremity strength, and 3/5 right upper extremity strength limited by pain) findings. The imaging findings (cervical spine MRI (2/26/14) report revealed canal stenosis includes C4-5 moderate, C5-6 mild to moderate, and C6-7 mild to moderate, neural foraminal narrowing includes C3-4 moderate bilaterally, C4-5 moderate to severe right, severe left, C5-6 moderate to severe bilateral, and C6-7 severe right neural foraminal narrowing). The current diagnoses are cervical spine fusion in 2012, chronic pain, cervical radiculopathy, lumbar radiculopathy; multilevel disc herniation's of cervical with moderate to severe neural foraminal narrowing, and multilevel disc herniation's of lumbar with mild to moderate neural foraminal narrowing. The treatment to date includes medications (including ongoing treatment with Norco which patient states is not strong enough to help), activity modifications, and home exercise program. Medical report identifies a plan to start Robaxin and a plan to trial Edluar as she has had good results in past with Edluar. Regarding interlaminar epidural steroid injection on the right C5, C6, and C7, there is no documentation of failure of additional conservative treatment. Regarding Hydrocodone/APAP 7.5/325mg #60, there is no documentation that the prescriptions are from a single practitioner and are taken as

directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Hydrocodone/APAP use to date. Regarding Robaxin 500mg #60, there is no documentation of acute muscle spasms and the intention to treat over a short course. Regarding Edluar 5mg #15, there is no documentation of the intention to treat over a short course and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Edluar use to date.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Interlaminar epidural steroid injection on the right C5, C6, and C7: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Epidural Steroid Injections (ESIs).

**Decision rationale:** MTUS reference to ACOEM guidelines identifies cervical epidural corticosteroid injections should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. The Official Disability Guidelines identifies documentation of subjective (pain, numbness, or tingling in a correlating nerve root distribution) and objective (sensory changes, motor changes, or reflex changes (if reflex relevant to the associated level) in a correlating nerve root distribution) radicular findings in each of the requested nerve root distributions, imaging (MRI, CT, myelography, or CT myelography & x-ray) findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at each of the requested levels, and failure of conservative treatment (activity modification, medications, and physical modalities), as criteria necessary to support the medical necessity of cervical epidural injection. Within the medical information available for review, there is documentation of diagnoses of cervical spine fusion in 2012, chronic pain, cervical radiculopathy, lumbar radiculopathy; multilevel disc herniation's of cervical with moderate to severe neural foraminal narrowing, and multilevel disc herniation's of lumbar with mild to moderate neural foraminal narrowing. In addition, there is documentation of documentation of subjective (pain and numbness) and objective (sensory changes) radicular findings in each of the requested nerve root distributions, imaging (MRI) findings (moderate or greater central canal stenosis and neural foraminal stenosis) at each of the requested levels, and failure of conservative treatment (activity modification and medications). However, there is no documentation of failure of additional conservative treatment (physical modalities). Therefore, based on guidelines and a review of the evidence, the request for interlaminar epidural steroid injection on the right C5, C6, and C7 is not medically necessary.

#### **Hydrocodone/APAP 7.5/325mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/APAP, Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical spine fusion in 2012, chronic pain, cervical radiculopathy, lumbar radiculopathy; multilevel disc herniation's of cervical with moderate to severe neural foraminal narrowing, and multilevel disc herniation's of lumbar with mild to moderate neural foraminal narrowing. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, given documentation that patient states Norco is not strong enough to help, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Hydrocodone/APAP use to date. Therefore, based on guidelines and a review of the evidence, the request for Hydrocodone/APAP 7.5/325mg #60 is not medically necessary.

**Robaxin 500mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. The Official Disability Guidelines identifies that muscle relaxants are recommended for short-term

(less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnoses of cervical spine fusion in 2012, chronic pain, cervical radiculopathy, lumbar radiculopathy; multilevel disc herniation's of cervical with moderate to severe neural foraminal narrowing, and multilevel disc herniation's of lumbar with mild to moderate neural foraminal narrowing. In addition, there is documentation of a plan to start Robaxin. However, there is no documentation of acute muscle spasms and the intention to treat over a short course (less than two weeks). Therefore, based on guidelines and a review of the evidence, the request for Robaxin 500mg #60 is not medically necessary.

**Edluar 5mg #15:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic): Edluar (Zolpidem tartrate).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Edular (Zolpidem tartrate).

**Decision rationale:** MTUS does not address this issue. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. The Official Disability Guidelines identifies Zolpidem as a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Within the medical information available for review, there is documentation of diagnoses of cervical spine fusion in 2012, chronic pain, cervical radiculopathy, lumbar radiculopathy; multilevel disc herniation's of cervical with moderate to severe neural foraminal narrowing, and multilevel disc herniation's of lumbar with mild to moderate neural foraminal narrowing. In addition, there is documentation of lack of sleep. However, there is no documentation of the intention to treat over a short course (two to six weeks). In addition, despite documentation that patient has used Edluar in past with good results, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Edluar use to date. Therefore, based on guidelines and a review of the evidence, the request for Edluar 5mg #15 is not medically necessary.