

<b>Case Number:</b>	CM14-0016927		
<b>Date Assigned:</b>	04/11/2014	<b>Date of Injury:</b>	11/13/2003
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 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:

The patient is a [REDACTED] employee who has filed a claim for cervicgia associated with an industry injury of November 13, 2003. Thus far, the patient has been treated with NSAIDs, muscle relaxants, opioids, and sedatives. Medications as per April 04, 2014 include Norco, Naproxen, and Ambien. In a utilization review report of January 29, 2014, the claims administrator modified certification for Norco for supply of 1 month as there is no documentation of recent urine drug test, risk assessment profile, updated pain contract, and ongoing efficacy with the medication; Ambien for supply of 1 month as there is no documentation regarding chronic difficulties with sleeping; post-op physical therapy(PT) twice a for three weeks into two visits as patient has completed a course of 9 sessions of PT recently, and guidelines recommend 2 visits for post-injection therapy. Review of progress notes from 2013 to 2014 showed neck pain with numbness and tingling on the right, with trigger points in the cervical region and decreased range of motion. There was evidence of radiculopathy to the right upper extremity. Cervical MRI dated December 17, 2013 showed mild to moderate multi-level degenerative disk disease, degenerative spondylolisthesis, and multi-level mild neuroforaminal stenosis at C3-4, C5-6, and C6-7. Associated symptoms include right-sided headache, and right shoulder pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325MG, #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiods.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Based on the medical records provided for review the patient has been using this medication since February 14, 2014. Prior to that, patient has been on Vicodin. There is no documentation regarding the functional benefits derived from opioid medications in this patient. The request for Norco 10/325mg #90 is not medically necessary and appropriate.

**AMBIEN 10MG, #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Acute & Chronic), Procedure Summary, Zolpidem (Ambien).

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

**Decision rationale:** According to the Official Disability Guidelines Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. There is also concern that they may increase pain and depression over the long-term. Based on the medical records provided for the patient has been on this medication since at least June 2013. There is however, no discussion regarding any sleep difficulties in this patient. Also, this medication is not recommended for long-term use. The request for Ambien 10mg, #30 is not medically necessary and appropriate.

**POST-OP PHYSICAL THERAPY, 3 TIMES A WEEK FOR 2 WEEKS QTY: 6 FOR THE CERVICAL SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines, Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines stressed the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. In this case, documentation submitted does not indicate any form of intervention performed on this patient. There is no report of the efficacy of prior physical therapy sessions.

The request for post-operative physical therapy for the cervical spine, twice a week for three weeks is not medically necessary and appropriate.

**CERVICAL ESI (EPIDURAL STEROID INJECTION) AT C3-4, C5-6: Upheld**

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

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines, epidural steroid injections are recommended in patients with radicular pain that has been unresponsive to initial conservative treatment. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Furthermore, repeat blocks should only be offered if at least 50% pain relief with associated reduction of medication use for six to eight weeks was observed following previous injection. Most current guidelines recommend no more than 2 ESIs. In this case, there is already authorization for right cervical ESI at C3 to 4 and C5 to 6 dated January 29, 2014, and there is no documentation whether this has been performed or the efficacy of this procedure. Therefore, the request for cervical ESI C3-4, C5-6 is not medically necessary and appropriate.