

<b>Case Number:</b>	CM14-0019202		
<b>Date Assigned:</b>	04/21/2014	<b>Date of Injury:</b>	03/01/2000
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/14/2014

### 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 Medicine and is licensed to practice in Florida. 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 60 year old female with an injury reported on 03/01/2000. The mechanism of injury was not provided within the clinical notes. The clinical note dated 12/10/2013, reported that the injured worker complained of pain to her neck, bilateral shoulders, and to her lower extremities. The physical examination findings reported that the injured worker was ambulatory with a left lower extremity antalgic gait; however, it was steady with the use of a single-point cane. It was also reported that her strength was 'at least' antigravity throughout her bilateral upper and lower extremities. The injured worker's prescribed medication list included OxyContin, Levorphanol, Cymbalta, Soma, Lidoderm patch, Colace and Topamax. The psychological treatment report dated 12/03/2013, reported that the injured worker continued to make gains from her participation in individual psychotherapy. The patient's diagnoses included neuropathic pain, myofascial pain throughout the neck, bilateral shoulders, and bilateral lower extremities; and posttraumatic arthritis of bilateral knees. The request for authorization was submitted on 01/28/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LEFT C3&T1 EPIDURAL STEROID INJECTION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Treatment Guidelines, Epidural Steroid Injection.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Treatment Guidelines, Epidural Steroid Injection, page 46 Page(s): 46.

**Decision rationale:** The injured worker complained of pain to her neck, bilateral shoulders, and to her lower extremities. It was noted that the injured worker's cervical pain had previously responded to an epidural steroid injection to the left C3 and T1. According to the California MTUS guidelines for epidural steroid injections, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Injured workers should be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 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 4 blocks per region per year. It was noted that the prescribed oral medication did provide relief to the injured worker; however, there is a lack of clinical evidence of the injured worker being unresponsive to exercises and physical therapy. There is also a lack of documentation indicating the injured worker had significant reduction of medication usage and significant objective functional improvement with the prior injection as well as how long the effects lasted. The requesting physician did not include an official MRI of the cervical spine within the provided documentation. Moreover, there was a lack of documentation indicating the injured worker had significant physical exam findings of radiculopathy. Therefore, the request is not medically necessary.

**CONSULT WITH ORTHOPEDIC [REDACTED] FOR BILATERAL KNEE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations.

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

**Decision rationale:** The injured worker complained of pain to her neck, bilateral shoulders, and to her lower extremities. It was noted that the injured worker has bilateral knee pain associated with posttraumatic arthritis. According to the Official Disability Guidelines, the evaluation and management outpatient section recognizes visits to the offices of medical doctor(s) and that the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. There is a lack of imaging studies to the bilateral knees or physical examination findings to support the medical necessity for orthopedic consultation. The requesting physician's prior course of care was unclear. Therefore, the request is not medically necessary.

**PHYSICAL THERAPY X12 TO CERVICAL/THORACIC:** Upheld

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

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

**Decision rationale:** The injured worker complained of pain to her neck, bilateral shoulders, and to her lower extremities. It was noted that the injured worker's diagnoses included neuropathic and myofascial pain throughout neck, bilateral shoulders, and bilateral lower extremities. According to the California MTUS guidelines recognizes active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. It was noted that the injured worker's pain is controlled with pain medications. It was also unclear if the injured worker had any significant functional deficits related her injury. In addition, the request exceeds the guidelines recommended 8-10 visits over 4 weeks. Therefore, the request is not medically necessary.

**PAIN PSYCHOLOGIST SESSIONS (NO FREQUENCY OR DURATION INDICATED):**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions, page 23 Page(s): 23.

**Decision rationale:** It was noted that the injured worker continues to make gains from her participation in individual psychotherapy. The California MTUS guidelines recognize behavioral interventions as an identification and reinforcement of coping skills that is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. The guidelines recommend an initial trial of 3-4 psychotherapy visits over 2 weeks and with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks. There is a lack psychological progress notes indicating objective improved functions from the prior sessions. In addition, there is no frequency or duration indicated for pain psychologist sessions. It was unclear how many sessions of therapy the injured worker has attended to date. Therefore, the request is not medically necessary.

**OXYCONTIN 60MG X90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-going management, page 78 and Opioids, Oxycotin (Oxycodone), page 97 Page(s): 78; 97.

**Decision rationale:** The injured worker complained of pain to her neck, bilateral shoulders, and to her lower extremities. It was also noted that the injured worker had been on OxyContin 60mg. The California MTUS guidelines recognize OxyContin as a long-acting opioid. The guidelines state that there are four domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. It was noted that the injured worker has reported significant relief with oral pain medication; however, there is a lack of information provided indicating the specific efficacy of OxyContin to the injured worker's pain. In addition, there is a lack of clinical evidence of any objective signs of functional improvement while on this medication. Moreover, there is a lack of documentation that the injured worker has had urine drug screens to validate proper medication adherence in the submitted paperwork. Therefore, the request is not medically necessary.

**LEVOPHANOL 2MG X 270:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-going management, page 78 and Opioids, specific drug list, pages 91, 92 Page(s): 78; 91-92.

**Decision rationale:** The injured worker complained of pain to her neck, bilateral shoulders, and to her lower extremities. It was also noted that the injured worker had been on Levorphanol 2mg three times daily. The California MTUS guidelines recognize Levorphanol is used for moderate to severe pain, when an opioid is appropriate for therapy. The guidelines state that there are four domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. It was noted that the injured worker has reported significant relief with oral pain medication; however, there is a lack of information provided indicating the specific efficacy of Levorphanol to the injured worker's pain. In addition, there is a lack of clinical evidence of any objective signs of functional improvement while on this medication. Moreover, there is a lack of documentation that the injured worker has had urine drug screens to validate proper medication adherence in the submitted paperwork. Therefore, the request is not medically necessary.

**SOMA 350MG X 30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), page 29 Page(s): 29.

**Decision rationale:** The injured worker complained of pain to her neck, bilateral shoulders, and to her lower extremities. It was also noted that the injured worker had been on Soma 350mg nightly. According to the California MTUS guidelines Soma is not recommended. This

medication is not indicated for long-term use, and is a commonly prescribed; centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate. Abuse has been noted for sedative and relaxant effects. It was noted that the injured worker has reported significant relief with oral pain medication; however, there is a lack of information provided indicating the specific efficacy of Soma to the injured worker's pain. In addition, there is a lack of clinical evidence of any objective signs of functional improvement while on this medication. Also there is a lack of clinical information provided on the longevity of this prescribed medication. Moreover, there is a lack of documentation that the injured worker has had urine drug screens to validate proper medication adherence in the submitted paperwork. Furthermore, soma is not recommended by the guidelines; therefore, the request is not medically necessary.