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| <b>Case Number:</b>   | CM14-0110218 |                              |            |
| <b>Date Assigned:</b> | 08/01/2014   | <b>Date of Injury:</b>       | 07/07/2006 |
| <b>Decision Date:</b> | 09/03/2014   | <b>UR Denial Date:</b>       | 06/30/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/15/2014 |

### 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 52-year-old male with a 7/7/06 date of injury and status post cervical discectomy and fusion at C5-6. At the time (6/9/14) of request for authorization for Cervical Transforaminal Epidural Steroid Injection at Left C3-C4, C4-C5 and Soma 350mg #75, there is documentation of subjective (ongoing neck pain radiating to the bilateral upper extremities and into the hands with numbness and weakness) and objective (tenderness to palpation over the cervical paraspinal musculature, positive Spurling's test, and decreased motor strength of the bilateral deltoids and biceps) findings, imaging findings (MRI of the cervical spine (3/31/14) report revealed paracentral disc protrusion at C3-4 resulting in mild central canal stenosis and stable changes of degenerative spondylosis at C4-5 with stable mild central canal stenosis, moderate bilateral neural foraminal stenosis, and stable postoperative changes of discectomy and anterior fusion of C5-6), current diagnoses (cervical degenerative disc disease, cervicgia, cervical spine radiculopathy, chronic pain syndrome, and status post C5-6 fusion), and treatment to date (left C4-5 cervical epidural injection on 2/14/14 with minimal relief; ongoing therapy with Norco and Soma since at least 2/25/14 with increase in sleep and functioning and decrease in pain by 50%; physical therapy, NSAIDs, and activity modification). In addition, medical reports identify certification of a left C3-4 cervical epidural injection on 4/15/14. Regarding Cervical Transforaminal Epidural Steroid Injection at Left C3-C4, C4-C5, There is no documentation of at least 50-70% pain relief for six to eight weeks following previous injection, as well as decreased need for pain medications, and functional response. Regarding Soma 350mg #75, there is no documentation of acute exacerbation of chronic pain and short-term (less than two weeks) treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Transforaminal Epidural Steroid Injection at Left C3-C4, C4-C5: Upheld**

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

**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. ODG identifies documentation of at least 50-70% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year, as well as decreased need for pain medications, and functional response, as criteria necessary to support the medical necessity of additional epidural steroid injections. Within the medical information available for review, there is documentation of diagnoses of cervical degenerative disc disease, cervicgia, cervical spine radiculopathy, chronic pain syndrome, and status post C5-6 fusion. In addition, there is documentation of a previous left C4-5 cervical epidural steroid injection performed on 2/14/14 and previous certification for a left C3-4 cervical epidural steroid injection on 4/15/14. However, given documentation of minimal relief with previous left C4-5 cervical epidural injection, and no documentation of response with previous left C3-4 injection, there is no documentation of at least 50-70% pain relief for six to eight weeks following previous injection, as well as decreased need for pain medications, and functional response. Therefore, based on guidelines and a review of the evidence, the request for Cervical Transforaminal Epidural Steroid Injection at Left C3-C4, C4-C5 is not medically necessary.

**Soma 350mg #75: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that Carisoprodol (Soma) is not recommended and that this medication is not indicated for long term use. 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. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute

exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of cervical degenerative disc disease, cervicgia, cervical spine radiculopathy, chronic pain syndrome, and status post C5-6 fusion. In addition, there is documentation of chronic pain. In addition, given documentation of increase in sleep and functioning and decrease in pain by 50% with Soma, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of use of Soma. However, there is no documentation of acute exacerbation of chronic pain. In addition, given documentation of ongoing treatment with Soma since at least 2/25/14, there is no documentation of short-term (less than two weeks) treatment. Therefore, based on guidelines and a review of the evidence, the request for Soma 350mg #75 is not medically necessary.