

<b>Case Number:</b>	CM14-0118233		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	08/15/2002
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	07/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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 Pain Management 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:

The patient is a 58-year-old male with date of injury of 08/15/2014. The listed diagnoses per [REDACTED] dated 06/16/2014 are: 1. Cervical spine, status post fusion from C1 through T1. 2. Status post anterior lumbar interbody fusion at L5-S1 with pseudarthrosis. 3. Right shoulder trapezial spasm with impingement secondary to fall after cervical spine injury. 4. History of stomach surgery, ulcers, and esophagitis. 5. Left knee oblique medial meniscus tear. According to this report, he continues to have neck pain, right upper extremity radiculopathy, left knee pain, popping, catching, and pain in the right shoulder. The physical examination of the cervical spine showed stiffness and spasm and painful range of motion with crepitation and radiation of pain to the right upper extremity. He has a positive impingement on 1 and 2 testing of the right shoulder and tenderness over the anterolateral aspect of the shoulder and over the trapezial area. He also has some popping, catching, and swelling, and positive McMurray's in the left knee. The Utilization Review denied the request on 07/02/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Morphine ER 15mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MS Contin (morphine sulfate).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78, 88, 89.

**Decision rationale:** This patient presents with neck pain, right upper extremity radiculopathy, knee pain, and right shoulder pain. The treater is requesting morphine ER 15 mg, quantity #120. The MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The records show that the patient has been taking morphine since 12/18/2013. The treater does not provide before and after analgesia, no specifics regarding ADLs to denote significant improvement, no mention of quality of life changes, and no discussions regarding "pain assessments," as required by MTUS. There are no discussions regarding adverse side effects and aberrant drug seeking behavior such as a urine drug screen. The request for Morphine ER 15mg #120 is not medically necessary.

**Cyclobenzaprine 5mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) Page(s): 64.

**Decision rationale:** This patient presents with neck pain, right upper extremity radiculopathy, knee pain, and right shoulder pain. The treater is requesting cyclobenzaprine 5 mg quantity #120. The MTUS Guidelines page 64 recommends cyclobenzaprine as a short course therapy with limited mixed evidence. Cyclobenzaprine is a skeletal muscle relaxant and central nervous system depressant with similar effects to tricyclic antidepressants. The patient was prescribed cyclobenzaprine on 05/19/2014. In this case, MTUS does not recommend the long term use of this medication. Therefore, the request for Cyclobenzaprine 5mg #120 is not medically necessary.

**Cervical Epidural Injection with Catheter to C4-5 right greater and left under fluoroscopy and anesthesia:** 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 Epidural steroid injections (ESIs) Page(s): 46, 47.

**Decision rationale:** This patient presents with neck pain, right upper extremity radiculopathy, knee pain, and right shoulder pain. The treater is requesting a cervical epidural injection with

catheter to C4 C5. The MTUS Guidelines page 46 and 47 on epidural steroid injection recommends this as an option for treatment of radicular pain as defined by pain in a dermatomal distribution with corroborative findings in an MRI. 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 6 to 8 weeks. The reports show that the patient was authorized a cervical epidural injection, but the authorization expired while the patient was recovering from cervical spine surgery from 11/05/2013. The treater is re-requesting a CESI. The records do not show any previous CESI. The MRI of the cervical spine dated 06/05/2014 show moderate to severe right and mild left neuroforaminal stenosis with a subacute annular fissure posterocentrally within the wide-based disk protrusion which measures 3-mm AP at C4-C5 level. The progress report dated 06/16/2014 showed a positive Lhermitte's and Spurling's sign. He has a positive impingement on 1 and 2 testing of the right shoulder and tenderness over the anterolateral aspect of the shoulder and over the trapezial area. In this case, given the positive physical exam, arm symptoms and MRI findings, a trial of ESI may be appropriate. However, there is no guidelines support for catheter localized injection. Transforaminal approach should suffice. The request for Cervical Epidural Injection with Catheter to C4-5 right greater and left under fluoroscopy and anesthesia is not medically necessary.