

<b>Case Number:</b>	CM14-0169300		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	04/22/1996
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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:

This male patient has a date of injury 4/22/1996. The mechanism of injury is not stated in the available medical records. The patient has complained of neck and lower back pain since the date of injury. He has been treated with physical therapy, medications, epidural steroid injection of the cervical spine, cervical spine facet block and cervical spine radiofrequency neurotomy. There are no radiographic data included for review. Objective: decreased and painful range of motion of the cervical and lumbar spine, tenderness to palpation of the bilateral cervical and lumbar paraspinal musculature, positive Spurling's maneuver, decreased motor strength of the extensor hallucis longus muscle on the right. Treatment plan and request: methadone, cervical epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methadone HCL 5mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 61.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

**Decision rationale:** This male patient has complained of neck and lower back pain since date of injury 4/22/1996. He has been treated with physical therapy, epidural steroid injection of the cervical spine, cervical spine facet block, cervical spine radiofrequency neurotomy and medications to include opioids since at least 04/2014. The current request is for methadone. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Methadone is not indicated as medically necessary.

**Cervical epidural steroid injection C7-T1:** Upheld

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

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

**Decision rationale:** This male patient has complained of neck and lower back pain since date of injury 4/22/1996. He has been treated with physical therapy, epidural steroid injection of the cervical spine, cervical spine facet block, cervical spine radiofrequency neurotomy and medications. The current request is for a cervical epidural steroid injection. Per the MTUS guidelines cited above epidural injections are recommended as an option for the treatment of radicular pain when the specific following criteria are met: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants) 3) Injections should be performed using fluoroscopy (live x-ray) for guidance 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) 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. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support a "series-of-three" injection in either the diagnostic or therapeutic phase. We recommend no more than 2 injections. The available medical records do not include documentation that criteria (1) and (7) above have been met. Specifically, the available provider notes do not document evidence of radiculopathy by physical examination. Additionally, there is no documented response to the previous cervical epidural injection. On the basis of the MTUS guidelines, cervical epidural injection is not indicated as medically necessary.

