

<b>Case Number:</b>	CM14-0028976		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	01/24/2003
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	02/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2014

### 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 Emergency 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:

This patient is a 45 year-old with a date of injury of 01/24/03. A progress report associated with the request for services, dated 02/13/14, identified subjective complaints of neck pain with bilateral upper extremity numbness. Objective findings included tenderness to palpation of the cervical and thoracic spines. Sensation was diminished at some thoracic nerve roots. There was decreased sensation in the right C5 dermatome. Weakness was noted in the right upper extremity, which was somewhat diffuse. Diagnoses included (paraphrased) cervicalgia; headaches; cervical radiculopathy; failed neck surgery. Treatment had included a C1-2 fusion and TENS. A Utilization Review determination was rendered on 02/26/14 recommending non-certification of "Cyclobenzaprine HCL 10mg #120; Oxycodone HCL 10mg #120; Oxycontin 40mg #90; Oxycodone 20mg #30; and Cervical Epidural Steroid Injections at C3-C4 levels under fluoroscopy with anesthesia".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine HCL 10mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine; Muscle Relaxants Page(s): 41-42;63-66.

**Decision rationale:** Cyclobenzaprine is an antispasmodic muscle relaxant. The Medical Treatment Utilization Schedule (MTUS) states muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations of low back pain. They note that in most low-back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also, there is no additional benefit shown in combination of NSAIDs. Likewise, the efficacy diminishes over time. The MTUS states that Cyclobenzaprine is indicated as a short course of therapy. Limited, mixed evidence does not allow a recommendation for Cyclobenzaprine for chronic use. Though it is noted that Cyclobenzaprine is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. They further state that treatment should be brief and that addition of Cyclobenzaprine to other agents is not recommended. The Guidelines do note that Cyclobenzaprine has been shown to produce a moderate benefit in the treatment of fibromyalgia. The record does not show any evidence of fibromyalgia, and other indications for Cyclobenzaprine beyond a short course are not well supported. Likewise, it has not been prescribed in the setting of an acute exacerbation of symptoms. Therefore, based upon the Guidelines, the record does not document the further medical necessity for Cyclobenzaprine. The request is not medically necessary.

**Oxycodone HCL 10mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181, Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** Oxycodone is an opioid analgesic. The California Medical Treatment Utilization Schedule (MTUS) Guidelines related to on-going treatment of opioids state that there should be documentation and ongoing review of pain relief, functional status, appropriate use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. A recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of the key outcome goals including pain relief, improved quality of life, and/or improved functional capacity (Eriksen 2006). The documentation submitted lacked a number of the elements listed above, including the level of functional improvement afforded by the chronic opioid therapy. The Guidelines also state that with chronic low back pain, opioid therapy "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (> 16 weeks), but also appears limited." Additionally, "There is also no evidence that opioids showed long-term benefit or improvement in function when used as treatment for chronic back pain (Martell - Annals, 2007)." The MTUS further states that opioids are not recommended for neck complaints for more than 2 weeks. In this case, there is no documentation of the other elements of the pain assessment referenced above for necessity of chronic therapy, where the evidence is otherwise unclear. Likewise, the dosing of the drug was not specified. Therefore, there is no documented medical necessity for Oxycodone. The request is not medically necessary.

**Oxycontin 40mg #90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308,Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** Oxycontin (Oxycodone) is classified as an opioid analgesic. The California Medical Treatment Utilization Schedule (MTUS) Guidelines related to on-going treatment of opioids state that there should be documentation and ongoing review of pain relief, functional status, appropriate use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. A recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of the key outcome goals including pain relief, improved quality of life, and/or improved functional capacity (Eriksen 2006). The documentation submitted lacked a number of the elements listed above, including the level of functional improvement afforded by the chronic opioid therapy. The Guidelines also state that with chronic low back pain, opioid therapy "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (> 16 weeks), but also appears limited." Additionally, "There is also no evidence that opioids showed long-term benefit or improvement in function when used as treatment for chronic back pain (Martell - Annals, 2007)." The MTUS Guidelines further state that opioid therapy is not recommended for the neck beyond 2 weeks. In this case, there is no documentation of the elements of the pain assessment referenced above for chronic therapy, where the evidence is otherwise unclear. Likewise, the drug dosing was not specified. Therefore, there is no documented medical necessity for Oxycontin. The request is not medically necessary.

**Oxycodone 20mg #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181,Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** Oxycodone is an opioid analgesic. The California Medical Treatment Utilization Schedule (MTUS) Guidelines related to on-going treatment of opioids state that there should be documentation and ongoing review of pain relief, functional status, appropriate use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. A recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of the key outcome goals including pain relief, improved quality of life, and/or improved functional capacity (Eriksen 2006). The documentation submitted lacked a number of the elements listed above,

including the level of functional improvement afforded by the chronic opioid therapy. The Guidelines also state that with chronic low back pain, opioid therapy "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (> 16 weeks), but also appears limited." Additionally, "There is also no evidence that opioids showed long-term benefit or improvement in function when used as treatment for chronic back pain (Martell - Annals, 2007)." The MTUS further states that opioids are not recommended for neck complaints for more than 2 weeks. In this case, there is no documentation of the other elements of the pain assessment referenced above for necessity of chronic therapy, where the evidence is otherwise unclear. Likewise, the dosing of the drug was not specified. Therefore, there is no documented medical necessity for Oxycodone. The request is not medically necessary.

**Cervical Epidural Steroid Injections at C3-C4 levels under fluoroscopy with anesthesia:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI treatment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, Epidural Steroid Injections

**Decision rationale:** The Medical Treatment Utilization Schedule Chronic Pain Guidelines note that epidural steroids injections (ESI) offer short-term relief from radicular pain, but do not affect impairment or need for surgery. Criteria for ESIs include radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The Official Disability Guidelines (ODG) states that epidural steroid injections of the neck are recommended as an option for radicular pain. A study showed improvement in pain and function at 4 weeks and also at one year. Criteria for use include: Objective findings of radiculopathy corroborated by imaging studies and/or electrodiagnostic testing; Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs, and muscle relaxants); They should be done using fluoroscopy; During the diagnostic phase, a maximum of one to two injections and the second block is not indicated if there is an inadequate response to the first block; No more than two nerve roots should be injected using transforaminal blocks and no more than one interlaminar level during one session; If there is a documented response to the diagnostic blocks (50% pain relief for at least 6-8 weeks), then up to 4 blocks per region per year may be used; Current research does not support "series-of-three" injections. The claimant does appear to have objective findings of a radiculopathy. However, there is no documentation of associated imaging or electrodiagnostic studies. Likewise, there is insufficient documentation for prior conservative therapy. Therefore, the record does not document the medical necessity for a cervical epidural steroid injection. The request is not medically necessary.