

<b>Case Number:</b>	CM14-0030116		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	08/15/2008
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	02/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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 Physical Rehabilitation & Pain Management 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 64-year-old female with a date of injury of 08/15/2008. The listed diagnoses per [REDACTED] dated 02/12/2014 are: 1. Cervical postlaminectomy syndrome. 2. Lumbar postlaminectomy syndrome. 3. Depression disorder. 4. Anxiety state. 5. Psychalgia. According to the report, the patient complains of bilateral neck pain that is aching, band like, pulsating, sharp, shooting, and throbbing. She rates her pain 8/10. She reports numbness in the bilateral upper extremities with stiffness and spasms in the neck. The patient also has a history of lumbar and cervical fusion, the date of which is unknown. The physical examination shows the neck has no cervical mass or rigidity. Babinski reflex is negative, and myoclonus is absent throughout. Sensation to light touch and pinprick are intact throughout and except for diminished light touch sensation on C6 and C8 on both side of the dermatomal distribution. The gait is normal. Palpation of the lumbosacral spine shows tenderness noted over the paraspinal muscles overlying the facet joint and SI joints and trigger points noted over middle paraspinal. Inspection of the surgical scars noted that they are well-healed. The utilization review denied the request on 02/19/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 10mg #300:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**Decision rationale:** This patient presents with neck pain and low back pain. The treating physician is requesting oxycodone 10 mg. For chronic opiate use, the MTUS Guidelines requires specific documentations regarding pain and function. Page 78 of the MTUS requires "pain assessment" that requires "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". Furthermore, "4As for ongoing monitoring" are required which includes: analgesia, ADLs, adverse side effects, and aberrant drug seeking behavior. The review of records from 06/06/2013 to 02/12/2014 showed that patient started taking oxycodone on 11/27/2013. The progress report dated 02/12/2014 notes, "This physician in clinic has been working very diligently to try to restore this patient's health, and indeed, wean her from these medications. However, her disease has progressed and has prevented her from doing a self- taper." In addition, the treating physician states that the patient's pain remains poorly controlled, and she presents with neck pain of 8/10 on a 10-point scale with medications. Furthermore, she is also reporting intermittent paresthesia in both upper extremities. In this case, the patient has been utilizing oxycodone with minimal to no relief from pain. None of the 499 pages of records document medication efficacy as it relates to the use of oxycodone. Furthermore, the patient reports 8/10 pain level with medication use. Given the lack of measurable improvements in both pain and function while using Oxycodone the request is not medically necessary.

**Lumbar transforaminal epidural steroid injection:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 11, 46, 47.

**Decision rationale:** This patient presents with neck and low back pain. The treating physician is requesting a lumbar transforaminal epidural steroid injection, no level specified. The MTUS Guidelines page 46 and 47 on epidural steroid injection recommends this option for treatment of radicular pain (defined as pain in a dermatomal distribution with corroborative findings of radiculopathy). Furthermore, no more than 2 nerve root level should be injection using transforaminal blocks. The MRI of the lumbar spine dated 10/03/2013 shows interval anterior and left-sided posterior fusion from L4 through S1 with no evidence of central canal stenosis or neuroforaminal impingement. However, L2-L3 left far lateral disk protrusion is causing mild to moderate left lateral neuroforaminal impingement but does not appear to be contacting or displacing the exiting left L2 nerve root. The progress report dated 02/12/2014 shows tenderness over the paraspinal muscles overlying the facet joints and SI joints; however, radiating symptoms were not noted. MRI showed a disc protrusion at L2-3, but the patient has no leg symptoms that corresponds to L2 or L3 nerve roots. Therefore, the request is not medically necessary.