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| <b>Case Number:</b>   | CM14-0035742 |                              |            |
| <b>Date Assigned:</b> | 06/23/2014   | <b>Date of Injury:</b>       | 09/09/2013 |
| <b>Decision Date:</b> | 07/30/2014   | <b>UR Denial Date:</b>       | 03/12/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/24/2014 |

### 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 Occupational Medicine 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 applicant has filed a claim for chronic neck pain reportedly associated with an industrial injury of September 9, 2013. Thus far, the applicant has been treated with the following: analgesic medications; at least one prior epidural steroid injection; cervical MRI (magnetic resonance imaging) of November 14, 2013, notable for a broad-base disk bulge at C5-C6 with associated central canal stenosis and neuroforaminal stenosis; and transfer of care to and from various providers in various specialties. In a utilization review report dated March 12, 2014, the claims administrator denied a request for a repeat cervical epidural steroid injection, denied a request for cyclobenzaprine, partially certified a request for tramadol, and partially certified request for Naprosyn. The claims administrator cited non- Official Disability Guidelines (ODG) in its decision to partially certify Naprosyn. The claims administrator's rationale was extremely difficult to follow and comprised almost entirely of cited guidelines. The claims administrator stated that the applicant had not made any functional gains with earlier epidural steroid injection therapy. The applicant's attorney subsequently appealed. In a progress note dated February 28, 2014, the applicant presented with persistent complaints of 8/10 neck pain with associated numbness, tingling, paresthesias about the hands. The applicant was apparently deciding whether to pursue cervical spine surgery or not. The applicant was having issues with poor pain control and had apparently been to the emergency department on two occasions for the same, it was stated. The applicant was placed off of work, on total temporary disability. It was stated that the applicant was having a lot of constipation from her oral medications. The attending provider stated that topical medications were helping more than the oral injections. The attending provider wrote that the first epidural injection was partially helpful and diagnostic and stated that he was therefore recommending another set of epidural injections.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Repeat left C5-6 Epidural Steroid Injection with sedation: Upheld**

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

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

**Decision rationale:** As noted in the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat epidural blocks should be predicated on evidence of functional improvement with earlier blocks. In this case, however, the applicant has failed to demonstrate any functional improvement with earlier blocks. The applicant is off of work, on total temporary disability. The applicant remains highly reliant on numerous oral and topical agents, all of which suggest lack of functional improvement as defined in MTUS - Definition section through at least one earlier epidural steroid injection. Therefore, the request is for a repeat epidural steroid injection is not medically necessary.

### **Cyclobenzaprine 7.5mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

**Decision rationale:** As noted in the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is, in fact, using numerous other oral and topical agents. Adding cyclobenzaprine to the mix is not recommended. Therefore, the request is not medically necessary.

### **Tramadol 150mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines Tramadol (Ultram), Criteria for use of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

**Decision rationale:** As noted in the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant was reporting heightened complaints of neck pain, in the 8/10 range,

despite ongoing usage of tramadol. The applicant is having difficulty performing even basic activities of daily living, including performing hand activities. The applicant was off of work, on total temporary disability. On balance, then, criteria for continuation of tramadol, a synthetic opioid, have not been met. Therefore, the request is not medically necessary.

**Naproxen 550mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Functional Restoration Approach to Chronic Pain Management Page(s): 22, 7.

**Decision rationale:** While the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Naprosyn do represent the traditional first line of treatment for various chronic pain conditions. This recommendation is made by the MTUS guidelines, to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the applicant is reporting heightened pain complaints, 8/10, despite ongoing Naprosyn usage, and appears to be intermittently visiting the emergency department owing to flares of pain. All of the above, taken together, imply that ongoing usage of Naprosyn has not been efficacious. Therefore, the request is not medically necessary.