

<b>Case Number:</b>	CM14-0038595		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	09/02/2009
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	03/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2014

### 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:

Injured worker is a female with date of injury 9/2/2009. Per secondary treating physician's progress evaluation dated 2/20/2014, the injured worker reports that since her shoulder surgery, the shoulder is feeling better, but she is having more significant noticeable pain in the neck. There is burning sensation into the upper back and with periodic numbness and tingling down the right arm and still feel somewhat weak. She states that the burning is almost constant. She takes medication in the form of Norco 10/325. She has tried to wean her medication and has decreased from a high of 8-10 a day down to 5-6 a day. She states that her pain is barely tolerable and allowing her to maintain her function. She has tried to get down to 5 or 4 a day and she becomes very irritable secondary to the pain, unable to perform any activities around the house such as washing dishes, light laundry, or any cleaning. She states that the muscles become extremely spastic with the activities. Flexeril 7.5 mg does help and she currently takes one to two tablets a day for acute spasms. The use of Neurontin does help the burning pain along with Cymbalta, which does make her feel chilled out and not as depressed. She remains to have difficulty sleeping at night but has weaned her Zolpidem 10 mg to four to five times per [week] and is trying to decrease further. She has decreased her Flexeril from two times every day to two to three times for muscle spasms only but does not take every day, taking an average of 7 to 10 times per week. On exam her pain is 6/10 with medication, 9-10/10 without medication. She is awake and alert and sitting appropriately with no evidence of medication-induced somnolence. There is palpable tenderness and trigger point activity throughout the cervical paraspinal musculature extending into interscapular region. There is pain that extends into the right upper extremity with cervical compression into the right. Forward flexion is limited to pulling pain to approximately 25 degrees, extension has pain at end range of 45 degrees, right rotation 60 degrees, and left rotation 70 degrees. There is decreased sensation along the right C7 and C8

dermatomal pattern. Deep tendon reflexes and motor testing are within normal expected limits. Diagnoses include 1) cervical strain and sprain with herniated disc and cervical radiculopathy 2) carpal tunnel syndrome bilaterally 3) right shoulder impingement with tendonitis 4) status post right shoulder arthroscopy.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Cervical Epidural Steroid Injections:** 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 Injection Page(s): 46.

**Decision rationale:** The requesting physician reports that the injured worker has had two epidural steroid injections previously. The initial epidural gave her significant relief of pain for approximately six weeks. The second one gave her relief of symptoms for shorter period of time and slowly returning back to baseline once again. Epidural steroid injections are recommended by the MTUS Guidelines when the patient's condition meets certain criteria, including radiculopathy being documented by physical exam and corroborated by imaging studies and/or electrodiagnostic testing, and failed conservative treatment. The injured worker does not meet these conditions. This is request is for a repeat injection. These guidelines note that a third epidural steroid injection is rarely recommended. The clinical findings do not provide sufficient support for this procedure at this time. The request for cervical epidural steroid injection is determined to not be medically necessary.

**Urine Drug Screen:** 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 Drug Testing section, Opioids Criteria for Use section Page(s): 43, 112.

**Decision rationale:** The use of urine drug screening is recommended by the MTUS Guidelines, in particular when patients are being prescribed opioid pain medications and there are concerns of abuse, addiction, or poor pain control. The requesting physician describes the injured worker as someone that is actively reducing the amount of medication that she is taking. There is no description of aberrant behavior or concerns of aberrant behavior to support the use of urine drug screening in the management of this injured worker. The request for urine drug screen is determined to not be medically necessary.

