

<b>Case Number:</b>	CM14-0039552		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	09/30/2010
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	03/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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 is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of September 30, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; topical agents; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated March 28, 2014, the claims administrator denied a cervical epidural steroid injection, Norco, Ultram, Flexeril, Voltaren gel, and topical Lidoderm patches. The claims administrator cited non-MTUS ODG Guidelines in its denial on Lidoderm patches. The claims administrator also cited non-ODG Guidelines in its decision to deny Voltaren gel. In some cases, MTUS Guidelines were also invoked. The claims administrator also cited non-MTUS AMA Guidelines on the decision to deny epidural steroid injection therapy. The note was quite sparse. The claims administrator stated there was no evidence that conservative treatment had failed and no evidence that the applicant had imaging findings suggestive of radiculopathy at the level in question, despite the fact that the applicant was several years removed from the date of injury. The applicant's attorney subsequently appealed. An October 24, 2013 progress note was notable for comments that the applicant was using Lidoderm patches, Flexeril, tramadol, and Norco as of that point in time. The applicant was apparent three weeks status post shoulder surgery. The applicant was still using a sling. A variety of medications were refilled. In a progress note dated May 8, 2014, the applicant was described as pending epidural steroid injection therapy. The applicant was working "full time" as a police officer with usage of pain medications, including Norco. The attending provider stated that analgesic medications, including Norco, were generating 30% to 40% reduction in pain levels. The applicant was status post elbow surgery, it was stated. The applicant was working full time in the prison, it was reiterated in another section of the report. The applicant's medication list included Lidoderm

patches, Voltaren gel, Flexeril, tramadol, Ultram, and Norco. Multiple medications were refilled. The applicant apparently had a pending QME (qualified medical evaluation), it was stated. In a neurosurgery note of May 9, 2014, the applicant was described as having persistent complaints of neck pain, ranging from 6-10/10. The applicant also had some paresthesias about the left hand and left arm. The applicant was described as having a cervical radiculopathy status post cervical fusion at C6-C7 with left ulnar neuropathy. MRI imaging of the cervical spine and cervical epidural steroid injection therapy was sought. The applicant had mild loss of grip strength and 4/5 strength about left upper extremity muscles. The applicant also had had hyposensorium noted about the left hand and digits. On February 12, 2014, the applicant underwent an ulnar nerve decompression surgery.

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

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

#### **Cervical Epidural Injection at C7-T1: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS epidural steroid injection therapy Page(s): 46.

**Decision rationale:** As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injection therapy is indicated in the treatment of radiculopathy, preferably that which is radiographically and/or electrodiagnostically confirmed. The MTUS, however, does support two diagnostic epidural injections. In this case, the applicant apparently has residual cervical radicular complaints superimposed on ongoing issues with an active lumbar radiculopathy. The applicant did apparently undergo earlier cervical fusion surgery at C6-C7. The request for an epidural steroid injection therapy appears to represent a first-time request for epidural steroid injection therapy following the cervical fusion surgery at C6-C7. A trial diagnostic injection, then, could place some role in making a distinction between an active cervical radiculopathy as the source of the applicant's symptoms versus an ulnar neuropathy as the source of the same. Therefore, the request is medically necessary.

#### **Norco 10/325mg take 1 tablet every 4 hours as needed QTY: 150 No Refills: Overturned**

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

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

**Decision rationale:** As noted on page 80 of 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, the applicant has demonstrated requisite improvements in pain, function, and work

status with ongoing Norco usage. Specifically, the applicant had returned to regular work as a prison guard/police officer at the state prison. The applicant is reporting reduction in pain scores by a factor of 30 to 40%, it has been suggested. It is further noted that the applicant was approximately six weeks removed from the date of ulnar decompression surgery as of the date of the utilization review report, March 28, 2014 and approximately four to five weeks removed from the date of surgery as of the date of the request for medications, on March 19, 2014. Therefore, the request is medically necessary.

**Ultram 50 mg Take 1 tablet every 4 hours as needed QTY: 180 with 5 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ultram (Tramadol).

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

**Decision rationale:** As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the "lowest possible dose" of opioid should be prescribed to improve pain and function. In this case, it was not clearly stated why two separate prescriptions for short-acting opioids, namely Ultram and Norco, were needed here. It is further noted that page 78 of the MTUS Chronic Pain Medical Treatment Guidelines recommends ongoing review and documentation of pain relief in applicants using opioids. In this case, the attending provider has seemingly sought authorization for six months worth of Ultram without any intervening office visits so as to re-evaluate the applicant and/or determine the presence of ongoing pain relief and improvement with function with Ultram usage. This was/is not indicated. Therefore, the request is not medically necessary.

**Flexeril 10mg take 1 tablet twice a day as needed QTY: 60 with 4 Refills: 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 topic. Page(s): 41.

**Decision rationale:** As noted on page 41 of 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 a variety of opioid agents. Adding cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request is not medically necessary.

**Voltaren External Gel 1% application four times per day (4 ml per application) QTY: 5 with 5 Refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Diclofenac (Voltaren).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines , Topical Voltaren section. Page(s): 112.

**Decision rationale:** As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines topical Voltaren is indicated in the treatment of small joint arthritis in joints which lend themselves toward topical treatment, such as, for instance, ankles, elbows, feet, hands, knees, and/or wrist. In this case, however, there is no evidence that the applicant carries a diagnosis of small joint arthritis. The applicant seemingly carries primary diagnosis of cervical radiculopathy and ulnar neuropathy. Page 112 of the MTUS Chronic Pain Medical Treatment Guidelines notes that Voltaren gel has not been evaluated in the treatment of the spine, one of the principal pain generators here. Therefore, the request is not medically necessary.

**Lidoderm External Patch 5% take 1 transdermal patch once a day for 30 days 12 hours on and 1 hour off QTY: 30 with 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines , Topical Lidocaine section Page(s): 112.

**Decision rationale:** While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines notes that Lidoderm patches are indicated in the treatment of neuropathy pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, in this case, however, it is not evident that the applicant has in fact had a trial of first-line antidepressants and/or anticonvulsants before Lidoderm patches were introduced. Therefore, the request is not medically necessary.