

<b>Case Number:</b>	CM14-0054201		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	12/14/2011
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2014

### 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 patient is a 55-year-old female who has submitted a claim for two-level disc protrusion at the level of C4-C5 and C5-C6, continued residual pain at the level of the right shoulder, lateral epicondylitis of the right elbow, bilateral carpal tunnel syndrome, pain at the base of the joint of the right thumb, and plantar fasciitis; associated with an industrial injury date of 12/14/2011. Medical records from 2013 to 2014 were reviewed and showed that patient complained of neck pain radiating towards the right upper extremity, right shoulder pain, pain and numbness in both hands, and pain at the base of the joint of the right thumb. Physical examination showed tenderness over C4-C5 and C5-C6, lateral epicondyle of the right elbow, and right heel. Range of motion of the cervical spine and right shoulder were limited. Phalen's test was positive. MRI of the cervical spine, dated 01/10/2012, showed multi-level mild discogenic disease of the cervical spine, and possible hydroxyapatite deposition at the level of C2. The official report of the imaging study was not provided for review. Treatment to date has included medications, chiropractic therapy, physical therapy, epidural steroid injection, and right shoulder arthroscopy (08/13/2012). Utilization review, dated 03/21/2014, denied the request for epidural steroid injection because there was no documentation regarding exam findings of radiculopathy and functional improvement with prior epidural; modified the request for chiropractic therapy because additional sessions may be certified with evidence of functional improvement from trial of chiropractic therapy; denied the request for Flector patch because there was no clear documentation of efficacy with prior use, and no quantifiable efficacy of the medication regimen; and denied the request for Celebrex because its long-term is not recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**2nd epidural injection C4-5, C5-6: 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 injection Page(s): 46.

**Decision rationale:** As stated on page 46 of the California MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections (ESI) are recommended as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Also, the patient must be initially unresponsive to conservative treatment. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. In this case, the patient complains of neck pain accompanied by radicular symptoms despite medications, and physical therapy. The patient has had a previous ESI (undated) which was 'somehow helpful' as stated on a progress report dated 03/13/2014. However, physical examination findings failed to show evidence of radiculopathy. Moreover, MRI of the lumbar spine, dated 01/10/2012, failed to show significant neural foraminal narrowing or frank nerve root compromise. Furthermore, there was no discussion regarding pain relief or functional improvement derived from the previous ESI. Repeat ESI is contingent on its efficacy. The criteria for ESI have not been met. Therefore, the request for 2nd epidural injection C4-5, C5-6 is not medically necessary.

**Flector patch 1.3% #30 with 1 refill: Upheld**

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

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

**Decision rationale:** Page 112 of California MTUS Chronic Pain Medical Treatment Guidelines states that Diclofenac is indicated for relief of osteoarthritis, however, it has not been evaluated for treatment of the spine, hip, or shoulder. The Official Disability Guidelines state that Flector patches are not recommended as a first line treatment for osteoarthritis and should be used when there is a failure of oral NSAIDs or contraindication to oral NSAIDs. It is FDA recommended for acute sprain, strains and contusions. In this case, the patient complains of neck pain with upper extremity pain. The patient has been prescribed Flector patches since at least January 2013. However, guidelines do not support its use for the spine. Also, there is no documentation of specific and significant functional improvements derived from the use of Flector patches. There is no discussion concerning the need for variance from the guidelines. Therefore, the request for Flector patch 1.3% #30 with 1 refill is not medically necessary.

**Celebrex 200mg #30 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti inflammatory drugs), specific drug list & adverse effects.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : Anti-inflammatory medications Page(s): page 22; NSAIDs, page 67.

**Decision rationale:** According to page 22 of the Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain, and that Celebrex may be considered if the patient has a risk of GI complications, but not for the majority of patients. In addition, guidelines state that anti-inflammatories are the traditional first line of treatment to reduce pain but long-term use may not be warranted. In this case, the patient has been prescribed Celebrex since at least January 2013. However, the medical records submitted for review did not show objective evidence of pain relief or functional improvement derived from its use. Moreover, guidelines do not recommend its long-term use. Therefore, the request for Celebrex 200mg #30 with 1 refill is not medically necessary.

**16 sessions of chiropractic therapy for cervical spine (2 x 8 weeks):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : Manual Therapy & Manipulation Page(s): 58-60.

**Decision rationale:** The California MTUS ACOEM Practice Guidelines 2nd Edition (2004) Chapter 8, page 173 states that using cervical manipulation may be an option for patients with neck pain or cervicogenic headache, but there is insufficient evidence to support manipulation of patients with cervical radiculopathy. In addition, according to page 58 of the Chronic Pain Medical Treatment Guidelines regarding chiropractic treatment, an initial trial of 6 visits over 2 weeks is recommended. Additional sessions of up to 18 visits over 6-8 weeks are supported if with evidence of objective functional improvement. In this case, the patient complains of neck and upper extremity pain. However, the present request as submitted exceeds the guideline recommendation of initial therapy of 6 visits over 2 weeks. Therefore, the request for 16 sessions of chiropractic therapy for cervical spine (2 x 8 weeks) is not medically necessary.