

Case Number:	CM14-0054607		
Date Assigned:	07/11/2014	Date of Injury:	02/11/2011
Decision Date:	08/27/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	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 Physical Medicine & Rehab 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 injured worker is a 42-year-old male who reported an injury on 02/11/2011. The mechanism of injury was a fall. On 01/15/2014 the injured worker presented with neck pain radiating down the right arm. Upon examination of the cervical spine, there was tenderness to palpation over the trapezius and decreased range of motion. There was 5/5 strength and intact sensation. There was a prior fusion at the C5-6 level and adjacent level degeneration at C4-5 and C6-7. There was moderate central stenosis at the C4-5 with mild central canal stenosis at C6-7 revealed by an MRI dated 01/09/2014. The diagnoses were cervical postlaminectomy syndrome and cervical spondylosis. Prior therapy included medications and a prior fusion. The provider recommended a cervical interlaminar epidural steroid injection, tramadol, and Soma; the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Interlaminar Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46. Decision based on Non-MTUS Citation AMA Guides (Radiculopathy).

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

Decision rationale: The request for a cervical interlaminar epidural steroid injection is not medically necessary. The California MTUS Guidelines an epidural steroid injection may be recommended to facilitate progress in a more active treatment program when there is radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Additionally, documentation should show that the injured worker was initially unresponsive to conservative treatment. Injections should be performed using fluoroscopy for guidance and no more than 2 root levels should be injected using transforaminal blocks. The documentation submitted for review lacked evidence of failure to respond to initially recommended conservative treatment to include exercises, physical methods, and medications. There was normal sensation and motor strength noted. There was lack of evidence of provocative testing to include a Spurling's test that would be indicative of radiculopathy. Additionally, the provider's request does not indicate the use of fluoroscopy for guidance nor does it indicate the levels at which the steroid injections were indicated for in the request as submitted. As such, the request is not medically necessary.

Tramadol 2-3 per Day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The request for tramadol 2 to 3 per day is not medically necessary. The California MTUS recommends the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief; functional status, appropriate medication usage side effects, and side effects should be evident. There was a lack of evidence of an objective assessment of the injured worker's pain level, objective functional status, evaluation of risks for aberrant drug abuse behavior, and side effects. Additionally, the provider's request did not indicate the dose or quantity of the tramadol in the request as submitted. As such, the request is not medically necessary.

Soma 1 per Day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29,65. Decision based on Non-MTUS Citation FDA(Carisoprodol).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

Decision rationale: The request for Soma 1 per day is not medically necessary. The California MTUS does not recommend Soma. The medication is not indicated for long-term use. Soma is a commonly prescribed, centrally-acting skeletal muscle relaxant whose primary active

metabolite is meprobamate. Abuse has been noted for sedative and relaxant effects. As the guidelines do not recommend Soma, the medication would not be indicated. As such, the request is not medically necessary.