

<b>Case Number:</b>	CM14-0060649		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	12/17/2003
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 58-year-old male who has submitted a claim for cervical radiculopathy, post cervical laminectomy syndrome, and lumbar radiculopathy; associated with an industrial injury date of 12/17/2003. Medical records from 2008 to 2014 were reviewed and showed that patient complained of neck pain, graded 5/10. Pain without medication is graded 8/10. The current medications allow the patient to help with home chores. Physical examination showed tenderness of the paravertebral muscles with tight muscle band noted on both sides. Range of motion was limited by pain. Spurling's maneuver was positive. The patient was hypo reflexive with all DTRs. Slight weakness of grip strength was noted bilaterally, and motor testing was otherwise normal. Sensation was decreased over the C5 distribution on the right side. MRI of the cervical spine, dated 03/18/2004, showed cervical spondylosis and large broad-based compressive right and left disc protrusions causing spinal stenosis at the C4-C5 and C5-C6 levels, respectively. The official report of the imaging study was not provided for review. Treatment to date has included medications, acupuncture, TENS, physical therapy, lumbar medial branch radiofrequency neurotomy, epidural steroid injection, and two level anterior cervical discectomy and fusion (02/09/2005). Utilization review dated 04/17/2014, denied the request for epidural steroid injection because there was no documentation of pain, numbness, or paresthesias in a specific dermatomal distribution related to the C7-T1 location; and modified the request for Nucynta to allow for as needed intake to assist pain with daily activities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **One Cervical Epidural Steroid Injection at C7-T1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections 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 with radicular symptoms despite medications, physical therapy, epidural steroid injections, and cervical spine surgery as stated above. The patient has had previous epidural steroid injection, the latest on 04/16/2013. The patient reports 100% pain relief. However, there was no discussion regarding duration of pain relief, as well as objective evidence of functional improvement or reduction in medication intake. Moreover, physical examination failed to show evidence of radiculopathy at the requested levels. Furthermore, the medical records did not show recent imaging or electrodiagnostic studies that show evidence of significant foraminal narrowing, frank nerve root compromise, or radiculopathy. The criteria for an epidural steroid injection have not been met. Therefore, the request for one Cervical Epidural Steroid Injection at C7-T1 is not medically necessary.

## **One prescription for Nucynta 50mg #60: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Nucynta/Tapentadol, Opioids - Criteria for use.

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

**Decision rationale:** As stated on page 78 of California MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been prescribed Nucynta since at least September 2012. Medical records showed continued analgesia and functional benefit, as medications decreased pain from 8/10 to 5/10, and allowed the patient to perform home chores. Erectile dysfunction was reported, however, patient was prescribed Levitra. Guideline criteria for continuing opioid management have been met. Therefore, the request for one prescription for Nucynta 50mg #60 is medically necessary.

