

<b>Case Number:</b>	CM14-0068587		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	02/02/2004
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	05/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2014

### 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 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 injured worker is a 61 year old male who suffered a work related injury on 02/02/04. He was in a high speed rollover accident when he was in a small pickup truck in the Livermore area and the car turned over several times and then struck the center divider. He had cervical spine x-rays, chest x-rays of his and x-rays of his right femur, thigh, and knee which were found to be entirely within normal limits. He was diagnosed with left sided shoulder strain, low back contusion, strain sprains of his right knee and ankles and mild thigh contusion. He underwent extensive treatment and saw an orthopedic surgeon had an MRI of his cervical spine which revealed a posteriolateral disc herniation at C4-5 in a small disc protrusion at C5-6 on 04/19/04. The injured worker had cervical epidural steroid injections, physical therapy, translaminar epidural injections. Most recent clinical documentation submitted for review was dated 04/24/14. The injured worker reported flare up of neck pain and shoulder pain radiating to the left shoulder blade. He was unable to sleep because of the chronic spasm in his neck. He was asking to try some manual traction of neck which he found helpful. He does not work. He rated his pain 8/10 at best 7/10 with medication and at worst 10/10 without. He used two to four Ultracet tabs a day for pain. The patient took Mobic for inflammation and Flexeril at night for muscle spasm. He also used a TENS unit daily which helped decrease dependence on oral narcotics. A physical examination of the cervical spine revealed a limited range of motion. He could rotate to left and right about 20 degrees, flexion/extension about 10 degrees. Cervical compression caused neck pain on the left side that did not radiate. Palpation revealed muscle spasm and loss of cervical curvature in the neck. The patient's motor strength, sensation, and deep tendon reflexes were otherwise grossly intact in the upper extremities and lower extremities. Left shoulder exam revealed limited range of motion. He could laterally abduct 130 degrees of full forward flex 130 degrees with both arms and internally and externally rotate 30 degrees, with positive

impingement sign. He had rather severe cervical pain with disc herniation C5-6 with intermittent radicular symptoms in the left arm. Prior utilization review on 05/06/14 was modified.

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

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

**Ultrasound #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

**Decision rationale:** Current evidenced-based guidelines indicate patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is insufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. The documentation does not indicate a significant decrease in pain scores with the use of medications. Therefore medical necessity has not been established. However, these medications cannot be abruptly discontinued due to withdrawal symptoms, and medications should only be changed by the prescribing physician.