

<b>Case Number:</b>	CM14-0073682		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	03/19/2012
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	05/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2014

### 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 and Rehabilitation and is licensed to practice in California and Washington. 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 59-year-old who reported an injury on March 19, 2012. The mechanism of injury was not provided. On June 7, 2014, the injured worker presented with right knee pain. Upon examination of the right knee, there was mild swelling, range of motion was 5 to 120, and there was a positive McMurray's. There was decreased lumbar and cervical range of motion. Current medications were not provided. Diagnoses were coccyx sprain/strain, lumbalgia, lumbar IVD disorder with myelopathy, internal derangement of the knee, adhesive capsulitis of the shoulder, rotator cuff syndrome of the shoulder, arthroscopic shoulder surgery, and arthroscopic surgery of the knee. The provider recommended a lumbar ESI, cervical ESI, Flexeril, and tramadol. 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:

**Lumbar ESI #2 & #3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines, AMA Guides 5th Ed. pg 382-383 Official Disability Guidelines, Low back Chapter.

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

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, an epidural steroid injection may be recommended to facilitate progress in more active treatment programs 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. An epidural steroid injection should be performed with the use of fluoroscopy for guidance, and no more than two root levels should be injected using a transforaminal block. The documentation submitted for review indicated that the injured worker had decreased lumbar and cervical range of motion values. There was a lack of documentation of a failed trial of conservative treatment to include medications and physical medicine. Additionally, there was no evidence of positive provocative testing to note radiating pain, decreased sensation and motor strength, or imaging studies corroborated with physical exam findings of radiculopathy. The provider's request does not indicate the use of fluoroscopy for guidance or the site of the requested epidural steroid injections in the request as submitted. The request for Lumbar ESI #2 & #3 is not medically necessary or appropriate.

**Cervical ESI:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines.( neck and upper back chapter).

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

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, an epidural steroid injection may be recommended to facilitate progress in more active treatment programs 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. An epidural steroid injection should be performed with the use of fluoroscopy for guidance, and no more than two root levels should be injected using a transforaminal block. The documentation submitted for review indicated that the injured worker had decreased lumbar and cervical range of motion values. There was a lack of documentation of a failed trial of conservative treatment to include medications and physical medicine. Additionally, there was no evidence of positive provocative testing to note radiating pain, decreased sensation and motor strength, or imaging studies corroborated with physical exam findings of radiculopathy. The provider's request does not indicate the use of fluoroscopy for guidance or the site of the requested epidural steroid injections in the request as submitted. The request for a cervical ESI is not medically necessary or appropriate.

**Flexeril 10 mg, thirty count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63. Decision based on Non-MTUS Citation Official Disability Guidelines (Pain Chapter).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommend Flexeril as an option for a short course of therapy. The greatest effect of the medication is in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The request for Flexeril 10 mg with a quantity of 30 exceed the guideline recommendation of short term therapy. The provided medical records lack documentation of significant objective functional improvement with the prior use of the medication. The provider's rationale for the request was not provided within the documentation. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. The request for Flexeril 10 mg, thirty count, is not medically necessary or appropriate.

**Tramadol 150 mg, thirty count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): p 81,79-80. Decision based on Non-MTUS Citation Official Disability Guidelines (Pain chapter).

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommend ongoing education on both the benefits and limitations of opioid treatment. The guidelines recommend the lowest possible dose should be prescribed to improve pain and function. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Satisfactory response to treatment may be indicated by the injured worker's decrease in pain and increase in function, or improved quality of life. The provided medical documentation lacked evidence of the injured worker's failure to respond to non-opioid analgesics. The documentation lacked evidence of efficacy of the medication, a complete an adequate pain assessment, and aberrant behaviors. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. The request for Tramadol 150 mg #30 is not medically necessary or appropriate.