

<b>Case Number:</b>	CM14-0076193		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	11/14/2006
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	05/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2014

### 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 Texas. 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 54 year old female injured on 11/14/06 while attempting to catch a box full of copier paper resulting in a sudden onset of cervical pain. Documentation indicates the injured worker has received 3 epidural steroid injections on 10/03/12, 01/08/13, and 10/30/13. The injured worker has also undergone a stellate ganglion block, steroid injection to the shoulder, left shoulder arthroscopy and decompression surgery on 04/07/11, and spinal fusion at C5-C6. EMG/NCV performed on 11/08/11 did not detect electrical evidence of cervical radiculopathy affecting the neck or arms. MRI of the cervical spine without contrast discussed in the documentation performed on 11/29/11 revealed anterior fusion of C5 and C6, normal alignment, and no disc protrusion or central canal stenosis. Clinical note dated 05/02/14 indicates the injured worker presented complaining of neck and bilateral shoulder pain with poor quality of sleep. The injured worker reported Morphine 30mg bid was not strong enough to cover breakthrough pain. The injured worker reported previous epidurals were very helpful to significantly reduce the pain; however, quantitative measurements were not provided. Physical assessment revealed restricted range of motion of the cervical spine due to pain, Spurling's maneuver caused pain in the muscles of the neck radiating to the upper extremity, and Waddell's signs were negative and 1+ pitting edema to the right foot. Current medications include Omeprazole, MSContin 30mg bid, Gabapentin 600mg twice daily, Norco 10-325mg q4-6 hours, Amitriptyline, Effexor, and Naproxen. The initial request for Omeprazole DR 20mg 1 by mouth twice daily #60 and cervical epidural injection C7-T1 was initially non-certified on 05/05/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole DR 20mg 1 PO BID #60:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors.

**Decision rationale:** As noted in the Official Disability Guidelines - Online version, Pain Chapter, proton pump inhibitors are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug use. The injured worker reports gastric complaints as a result of medication use. As such, the request for Omeprazole DR 20mg 1 PO BID #60 is recommended as medically necessary.

**Cervical Epidural Injection C7-T1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines Neck and Upper Back (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

**Decision rationale:** As noted on page 46 of the Chronic Pain Medical Treatment Guidelines, epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The physical exam lacked compelling objective data to substantiate a radicular pathology. Per Chronic Pain Medical Treatment Guidelines a radiculopathy must be documented and objective findings on examination need to be present. Additionally, Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing. There were no official imaging reports submitted for review. Further, 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 six to eight weeks. These were not documented in the clinical notes provided. As such, the request for Cervical Epidural Injection C7-T1 cannot be recommended as medically necessary.