

<b>Case Number:</b>	CM14-0078357		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	10/28/2008
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	05/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2014

### 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 & Rehabilitation and is licensed to practice in Nevada. 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 51 year-old male who was reportedly injured on 10/28/2008. The mechanism of injury is noted as a fall. The most recent progress note dated 5/23/2014. Indicates that there are ongoing complaints of left upper extremity pain, neck pain, and upper back pain. The physical examination demonstrated cervical spine: positive tenderness to palpation paracervical muscles with spasm noted. Muscle spasm and tenderness T4-T7. Decreased sensation to light touch on the left side from T4-T7 dermatome. Cervical axial traction reduces the pain in the neck. No recent diagnostic studies are available for review. Previous treatment includes trigger point injection, left shoulder arthroscopy, medications and conservative treatment. A request was made for epidural steroid injection and thoracic spine at T4-5, Norco 10/325mg #60, ibuprofen 600mg #60, and was not certified in the pre-authorization process on 5/12/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Thoracic spine Epidural Injection under fluoroscopic guidance, T4-T5 QTY:1: Upheld**

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

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

**Decision rationale:** California Medical Treatment Utilization Schedule guidelines support thoracic epidural steroid injections when radiculopathy is documented on physical examination and corroborated by imaging and electrodiagnostic studies in individuals who have not improved with conservative treatment. Review of the available medical records, documents conservative treatment has consisted of only medications, and trigger point injections.. The injured worker has not undergone physical therapy; therefore, this request is not considered medically necessary.

**Norco 10/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80, 94, 91, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

**Decision rationale:** Norco (hydrocodone/acetaminophen) is a short acting opiate indicated for the management of moderate to severe breakthrough pain. The California Medical Treatment Utilization Schedule guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; the treating doctor states the injured worker's pain is 10/10 without medications, and with medications it is 5-6/10. Although the injured worker is likely low risk for abuse of narcotic pain medication, there is no documentation of urine drug screen. As such, this request for continued use of Norco is not medically necessary.

**Ibuprofen 600mg QTY: 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 70-72.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

**Decision rationale:** Ibuprofen is a nonselective, non-steroidal anti-inflammatory medication which has some indication for chronic low back pain. When noting the injured worker's diagnosis and signs/symptoms, there is a clinical indication for the use of this medication as noted in the applicable guidelines. However, there is no documentation of improvement in function or decrease in pain with the use of this medication. Therefore this request is considered not medically necessary.