

<b>Case Number:</b>	CM14-0088709		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	02/19/2008
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2014

### 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 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 records, presented for review, indicate that this 49-year-old individual was reportedly injured on February 19, 2008. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated June 9, 2014, indicated that there were ongoing complaints of neck pain. The physical examination demonstrated a 5'5", 150 pound individual who was normotensive. The injured employee was found to be in no acute distress, and neck was described as supple, with a full range of motion and a cervical lymphadenopathy. Also noted was paraspinal muscle spasm in the lower lumbar region. Diagnostic imaging studies were not reported. Previous treatment included surgical interventions, physical therapy and medications. A request had been made for multiple medications and was not certified in the pre-authorization process on May 20, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical interlaminar epidural steroid injection at levels C5-C7 under fluoroscopic guidance:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines C.C.R. 9792.20 - 9792.26 MTUS; (Effective July 18, 2009 Page(s): Page 46 of 127..

**Decision rationale:** MTUS guidelines support 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 care. Based on the clinical documentation provided, and considering the criteria for the use of epidural steroid injections as outlined in the MTUS, there is insufficient clinical evidence presented that the proposed procedure meets the MTUS guidelines. The progress note indicated contradictory findings in terms of muscle spasm and range of motion . Furthermore, there is no objectification of a verifiable radiculopathy. As such, the request for cervical interlaminar epidural steroid injection at levels c5-c7 under fluoroscopic guidance is not medically necessary and appropriate.

**Nucynta 50 mg #120 no refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009 Page(s): Page 75 of 127.

**Decision rationale:** Nucynta (tapentadol) is synthetically-derived centrally-acting oral analgesic. It activates the mu-opioid receptor and inhibits norepinephrine synaptic reuptake. The use of tapentadol is supported by the guidelines and literature for a second line therapy for patients with intolerable adverse effects with first-line opioids. The literature also notes, that when considering opioids for non-neuropathic pain, there should be documentation of discussion including the duration of treatment and plan for discontinuation. When noting the progress notes presented for review, there is no discussion as to the efficacy or utility with medication. There has been no narrative indicating any functional improvement, decrease in symptomatology, or any other parameter denoting a successful outcome of this medication. Therefore, the request for Nucynta 50 mg, #120 with no refills is not medically necessary and appropriate

**Norco 5/325 mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009 Page(s): Pages 74-78, 88, 91 of 127.

**Decision rationale:** Norco (hydrocodone/acetaminophen) is a short acting opiate indicated for the management of moderate to severe breakthrough pain. The California MTUS 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; however, there is no objective clinical documentation of improvement in the pain or function with the current regimen. As such, when considering the date of injury, the finding on a physical examination and the parameters

noted in the MTUS, the request for Norco 5/325 mg #120 is not medically necessary and appropriate.