

<b>Case Number:</b>	CM14-0193387		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	02/15/2006
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	10/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### 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 Texas and Florida. 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 patient is a 56 year old male who was injured on 2/15/2006. The diagnoses are cervical radiculopathy, lumbar radiculopathy, post laminectomy lumbar syndrome, post laminectomy cervical syndrome, neck, low back and extremities pain. The past surgery history is significant for multiple cervical laminectomies, fusions and revisions surgeries. A spinal cord stimulator was implanted in 2013 for pain relief. The previous treatments completed included PT, HEP (home exercise program), medications managements, cervical epidural steroid injections and lumbar injections. On 10/8/2014, Dr. [REDACTED] noted subjective complaint of increased neck pain. The pain score was rated at 10/10 without medications but 3/10 with medications. There were objective findings of tenderness in the paraspinal areas and decreased range of motion. The Spurling's test was noted to be negative. There were also tenderness in the lumbar paraspinal areas and decreased sensation along the L4, L5 and S1 dermatomes. The records indicate that the patient had complained of abdominal pain with other gastrointestinal symptoms associated with the use of pain medications. The patient is not able to perform ADL (activities of daily living) or HEP without the pain medications. The medications listed are Norco, prednisone tablets, omeprazole, zolpidem, Fexmid and Lidoderm. The previous cervical epidural injections were reported to have resulted in greater than 60-70% reduction in pain, improved function and reduction in medication utilization. A Utilization Review determination was rendered on 10/28/2014 recommending non certification for C6-C7 epidural steroid injection, omeprazole 20mg #60 and Fexmid 7.5mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One interlaminar epidural steroid injection (ILESI) to the C6 and C7: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. Neck and Upper Back

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that cervical epidural steroid injections can be utilized in the treatment of cervical radiculopathy when conservative treatment with medications and PT have failed. The records indicate that the patient have exhausted surgical options, medications and physical therapy. The classical subjective, objective and radiological presentation of cervical radiculopathy is modified by the history of multiple cervical spine laminectomies, fusions and revision surgeries. There is documentation of significant pain relief following previous cervical epidural steroid injections. The criteria for C6-C7 interlaminar cervical epidural steroid injection were met. The request is medically necessary.

**Omeprazole 20mg, #60: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that proton pump inhibitors can be utilized for the treatment of gastrointestinal adverse effects associated with the use of pain medications. The records indicate that the patient complained of significant abdominal pain and multiple gastrointestinal symptoms associated with the use of pain medications that is relieved by omeprazole. The patient was not able to tolerate than pain medications for the relief of the severe pain without the use of omeprazole. The criteria for the use of omeprazole 20mg, # 60 were met. The request is medically necessary.

**Fexmid 7.5mg, #90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for short term treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of muscle relaxants is associated with the development of tolerance, dependency, sedation, addiction and adverse interaction with opioids and other sedatives. The records indicate that the patient had utilized the muscle relaxant for more than 1 year which is longer than then the guidelines recommended of 4 weeks. The criteria for the use of Fexmid 7.5mg, #90 were not met. The request is not medically necessary.