

<b>Case Number:</b>	CM14-0200316		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	12/18/2013
<b>Decision Date:</b>	01/29/2015	<b>UR Denial Date:</b>	11/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in California. 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:

This is a patient with a date of injury of 12/18/13. A utilization review determination dated 11/11/14 recommends non-certification of ESI, Marinol, IF/NMES trial, psychological evaluation, and modification of cyclobenzaprine. 11/26/14 medical report identifies pain radiating to the right upper extremity 5-9/10. Treatment has included medications and right shoulder joint injection, and the patient has seen chiropractic and orthopedics. On exam, no abnormal findings are identified. Patient continues to do well with current medication regimen and remains functional as best possible.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Right Cervical Epidural Steroid Injection with Catheter at C6-7, Under Fluoroscopy**

**Guidance:** Upheld

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

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

**Decision rationale:** Regarding the request for epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment

of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Within the documentation available for review, there are no current objective and imaging and/or electrodiagnostic studies corroborating radiculopathy. In the absence of such documentation, the currently requested epidural steroid injection is not medically necessary.

**90 Cyclobenzaprine 7.5mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

**Decision rationale:** Regarding the request for cyclobenzaprine, Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the medication. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested cyclobenzaprine is not medically necessary.

**30 Marinol 2.5mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines THC (Tetrahydrocannabinol).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28.

**Decision rationale:** Regarding a request for Marinol, Chronic Pain Medical Treatment Guidelines state that cannabinoids are not recommended given a lack of quality controlled clinical data. As such, the currently requested Marinol is not medically necessary.

**1 Month Trial IF/NMES Home Stimulator Unit: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-120.

**Decision rationale:** Regarding the request for IF/NMES trial, CA MTUS Chronic Pain Medical Treatment Guidelines state that interferential current stimulation is not recommended as an isolated intervention. They go on to state that patient selection criteria if interferential stimulation

is to be used anyways include pain is ineffectively controlled due to diminished effectiveness of medication, side effects or history of substance abuse, significant pain from postoperative conditions limits the ability to perform exercises, or unresponsive to conservative treatment. If those criteria are met, then in one month trial may be appropriate to study the effects and benefits. With identification of objective functional improvement, additional interferential unit use may be supported. Specific to NMES, it is not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. Within the documentation available for review, there is no indication that the patient has met the selection criteria for interferential stimulation outlined above and there is no clear rationale for NMES in the absence of a history of stroke or another condition for which its use may be indicated such as significant disuse atrophy. In light of the above issues, the currently requested IF/NMES trial is not medically necessary.

### **1 Psychological Evaluation with Spanish Speaking Pain Psychologist: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-102.

**Decision rationale:** Regarding the request for psychological evaluation, Chronic Pain Medical Treatment Guidelines state that psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected using pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are pre-existing, aggravated by the current injury, or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. Within the documentation available for review, there are no subjective complaints of psychological issues and no mental status exam to support the need for specialty evaluation. In the absence of clarity regarding those issues, the currently requested psychological evaluation is not medically necessary.