

<b>Case Number:</b>	CM14-0202017		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	01/18/2009
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	11/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2014

### 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 Emergency 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:

The injured worker is a male, who sustained an injury on January 18, 2009. The mechanism of injury is not noted. Diagnostics have included: September 24, 2012 lumbar MRI reported as showing multi-level disc degeneration and facet arthropathy. Treatments have included: epidural injection, physical therapy, medications. The current diagnoses are: cervical disc degeneration, left shoulder impingement, cervical radiculopathy, right knee internal derangement. The stated purpose of the request for Cervical epidural steroid injection was to provide pain relief. The request for Cervical epidural steroid injection was denied on November 7, 2014, citing a lack of documentation of functional improvement nor positive neurologic exam findings. The stated purpose of the request for Prospective use of Restoril 30mg was for sleep. The request for Prospective use of Restoril 30mg was denied on November 7, 2014, citing a lack of documentation of guideline support for long term use. The stated purpose of the request for Prospective use of Tramadol 50mg #30 was for pain. The request for Prospective use of Tramadol 50mg #30 was denied on November 7, 2014, citing a lack of documentation of functional improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical epidural steroid injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Neck & Upper Back

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

**Decision rationale:** The requested Cervical epidural steroid injection, is not medically necessary. Chronic Pain Medical Treatment Guidelines, p. 46, Epidural steroid injections (ESIs) note the criteria for epidural injections are "1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants).The injured worker has 70% improvement after a recent cervical epidural injection. The treating physician has documented limited lumbar range of motion, positive facet loading test. The treating physician has not documented the duration of relief from a previous injection, nor positive neurologic exam findings. The criteria noted above not having been met, Cervical epidural steroid injection is not medically necessary.

**Prospective use of Restoril 30mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** The requested Prospective use of Restoril 30mg, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Benzodiazepines, Page 24, note that benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence."The injured worker has 70% improvement after a recent cervical epidural injection. The treating physician has documented limited lumbar range of motion, positive facet loading test. The treating physician has not documented the medical indication for continued use of this benzodiazepine medication, nor objective evidence of derived functional benefit from its previous use. The criteria noted above not having been met, Prospective use of Restoril 30mg is not medically necessary.

**Prospective use of Tramadol 50mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Opioids for Chronic Pain Tramadol Page(s): 78-80; 80-82; 113.

**Decision rationale:** The requested Prospective use of Tramadol 50mg #30, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management,

Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113, do not recommend this synthetic opioid as first-line therapy, and recommend continued use of opiates for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has 70% improvement after a recent cervical epidural injection. The treating physician has documented limited lumbar range of motion, positive facet loading test. The treating physician has not documented: failed first-line opiate trials, VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract nor urine drug screening. The criteria noted above not having been met, Prospective use of Tramadol 50mg #30 is not medically necessary.