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| Case Number: | CM14-0204994 | | |
| Date Assigned: | 12/17/2014 | Date of Injury: | 01/18/2009 |
| Decision Date: | 02/26/2015 | UR Denial Date: | 11/07/2014 |
| Priority: | Standard | Application Received: | 12/08/2014 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Injured worker is a male with date of injury 1/18/2009. Per primary treating physician's orthopedic spine surgery narrative progress report dated 10/17/2014, the injured worker had cervical epidural injection on 9/29/2014. He notes excellent relief following the injection, noting a reduction in his neck pain and his upper extremity symptoms have significantly improved. He currently has intermittent pain extending down bilateral upper extremities but reports the intensity and frequency have significantly improved at approximately 70%. He also had diagnostic lumbar facet blocks with significant relief that lasted approximately five weeks. The intensity of the pain was reduced to 50% and he was able to discontinue pain medications for greater than one week following the procedure. He noted better functional status including increased range of motion, better sleep habits, and better ability to participate in daily activities of daily living. He reports his pain has gradually started to return to baseline. He complains of neck pain that radiates down the upper back and bilateral upper extremities with intermittent numbness, which he rates at 3/10. On examination of the cervical spine there is tenderness over the interscapular space. There are no neurologic deficits noted in the upper extremities. Diagnoses include 1) C5-6 disc degeneration 2) cervical radiculopathy, bilateral, with sensory changes 3) left shoulder impingement syndrome and AC joint degenerative joint disease 4) L2-S1 stenosis 5) L2-S1 disc degeneration/facet arthropathy 5) right knee internal derangement.

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 and Upper Back, Epidural steroid injection

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

Decision rationale: Epidural steroid injections are recommended by the MTUS Guidelines when the patient's condition meets certain criteria. The criteria for use of epidural steroid injections include: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment. 3) Injections should be performed using fluoroscopy for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed, and a second block is not recommended if there is inadequate response to the first block. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. 8) No more than 2 ESI injections. Although the injured worker underwent a cervical epidural steroid injection on 9/29/2014 with 70 percent improvement, the medical reports do not indicate that he meets the criteria for epidural steroid injections. There is no radiculopathy documented and the physical examination does not identify and neurologic deficits in the upper extremities with normal sensation, strength and reflexes. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. The request for Cervical epidural steroid injection is determined to not be medically necessary.

Restoril 30mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines section and Weaning of Medications section Page(s): 24, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence, and long-term use may actually increase anxiety. The injured worker has already been on this medication for over four weeks, and tapering is recommended when used for greater than two weeks. This request is for continued use, and not for tapering or weaning off the medication. Prior utilization review, dated 10/17/2014, indicates that Restoril 30 mg #30 was certified to

initiate weaning to allow for discontinuation of this medication. The request for Restoril 30 mg is determined to not be medically necessary.

Tramadol 50mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications section Page(s): 74-95, 124.

Decision rationale: Tramadol is a central acting synthetic opioid that exhibits opioid activity with a mechanism of action that inhibits the reuptake of serotonin and norepinephrine with side effects similar to traditional opioids. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The medical reports do not indicate that the injured worker is experiencing severe pain with significant benefit from the use of Tramadol. There is not objective functional improvement reported with the use of Tramadol. There is also a lack of information provided regarding assessment of aberrant behavior and attempts to reduce opioid pain medication. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Tramadol 50mg #30 is determined to not be medically necessary.