

<b>Case Number:</b>	CM14-0041082		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	07/12/2011
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	03/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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: New York

Certification(s)/Specialty: Internal 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:

The injured worker is a 52 year old male, who sustained an industrial injury reported on 7/12/2011. He has reported radiating neck and bilateral shoulder pain with headaches, dizziness, loss of memory, and difficulty concentrating. The diagnoses were noted to not be clearly defined as per the medical documentation provided for my review. The anatomical impairment measurement evaluation and report, dated 7/7/2012, noted normal versus abnormal findings for disc lesions (degenerative changes and herniation's). Treatments to date have included consultations; diagnostic imaging studies; cervical epidural steroid injection (6/14/12); an anatomical impairment measurement evaluation (7/7/12); and medication management. The work status classification for this injured worker (IW) was not be noted. On 3/26/2014, Utilization Review (UR) non certified, for medical necessity, the request, made on 3/13/2014, for a repeat cervical epidural steroid injection at cervical 5-6 and cervical 6-7; and modified, for medical necessity, the request for: Methadone 5mg #30 with 3 refills - to #30 with no refills; Ultram 50mg #60 with 3 refills - to #60 with no refills; and Naproxen 550mg #60 with 3 refills - to #60 with no refills. The Medical Treatment Utilization Schedule, chronic pain medical treatment guidelines, criteria for epidural steroid injection therapy, opioids & ongoing opioid therapy, non-steroidal anti-inflammatory drugs, was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **Repeat Cervical Epidural Steroid Injection (ESI) at C5-C6 and C6 -C7: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Epidural Steroid Injections (ESIs) Page(s): 46.

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

**Decision rationale:** According to the California MTUS Treatment Guidelines, epidural steroid injections are recommended as an option for the treatment of radicular pain. Criteria for use of cervical epidural steroid injections (CESIs) include radiculopathy that must be documented by physical exam and corroborated by imaging. According to the California MTUS Treatment Guidelines, epidural steroid injections are recommended as studies and/or electrodiagnostic testing. The patient should be initially unresponsive to conservative treatments such as exercise programs, physical methods, NSAIDs, and muscle relaxants. Injections should be performed using fluoroscopy for guidance. CESIs are of uncertain benefit and should be preserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. In this case, there was no documentation of cervical nerve root dysfunction on physical exam and there was no documentation that previous CESI resulted in continued objective pain relief and functional improvement. Medical necessity for the requested service has not been established. Medical necessity for the repeat cervical epidural steroid injection at C5-C6, and C6-C7 is not established. The requested services are not medically necessary.

### **Methadone 5mg #30 with x 3 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 61-62.

**Decision rationale:** Methadone is recommended as a second-line drug for moderate to severe pain, only if the potential benefit outweighs the risk. The FDA reports that they have received reports of severe morbidity and mortality with this medication. This appears, in part, secondary to the long half-life of the drug (8-59 hours). Pain relief on the other hand, only lasts from 4-8 hours. Genetic differences appear to influence how an individual will respond to this medication. Delayed adverse effects may occur due to methadone accumulation during chronic administration. Systemic toxicity is more likely to occur in patients previously exposed to high doses of opioids. Multiple potential drug-drug interactions can occur with the use of Methadone. This drug should be reserved for use by experienced practitioners, including pain medicine or addiction specialists. Methadone is considered useful for treatment when there is evidence of tolerance to other opiate agonists or when there is evidence of intractable side effects due to opiates. In this case, there is no documentation of objective functional benefit with prior medication use. In addition, the claimant has continued pain despite the use of Methadone and Tramadol. Medical necessity of the requested medication has not been established. Of note,

discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The requested medication is not medically necessary.

**Ultram 50mg #60 x 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for the treatment of chronic pain Page(s): 91-97.

**Decision rationale:** According to the California MTUS, Tramadol (Ultram) is a synthetic opioid which affects the central nervous system and is indicated for the treatment of moderate to severe pain. Per CA MTUS Guidelines, certain criteria need to be followed, including an ongoing review and documentation of pain relief and functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. According to the medical records, there has been no documentation of the medications analgesic effectiveness and no clear documentation that the patient has responded to ongoing opioid therapy. In addition, the claimant has been maintained on methadone with Tramadol without significant pain relief. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic requires a taper to avoid withdrawal symptoms. Medical necessity for the requested item is not established. The requested medication is not medically necessary.

**Naproxen, 550mg #60 x 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-71.

**Decision rationale:** Naproxen is a non-steroidal anti-inflammatory drug (NSAID). Oral NSAIDs are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. CA MTUS states that NSAIDs are recommended for acute pain, acute low back pain (LBP), short-term pain relief in chronic LBP, and short-term improvement of function in chronic LBP. There is no evidence of long-term effectiveness for pain or function. There is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain. Guidelines recommended that the lowest effective dose be used for the shortest duration of time consistent with treatment goals. In this case, the patient has been on previous long-term NSAIDs without any documentation of significant improvement. Medical necessity of the requested medication has not been established. The request for retrospective Naproxen is not medically necessary.