

<b>Case Number:</b>	CM15-0004978		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	06/07/2013
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	12/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 57 year old female nurse assistant who was assaulted and thrown to the ground by a client on June 7, 2013. The MRI of the cervical spine showed C5-C6 disc bulge and C6 nerve root impingement. The injured worker sustained injuries to her head, shoulder, neck and back. The injured worker was diagnosed with left shoulder arthrosis, left foot pain, lumbar and cervical radiculitis. According to the primary treating physician's progress report on December 17, 2014 the patient continues to experience neck pain radiating to the upper extremities and low back pain radiating to the lower extremities. There was decreased sensation of the left hand, a weak left grip and a positive left Spurling's. Current medications are listed as Soma, Norco, Motrin, and Restoril. Treatment modalities consist of physical therapy, home exercise program, ice, medications, and weight loss/diet. The January 2014 cervical epidural steroid injection resulted in more than 60% reduction in pain, decrease in medications utilization and functional restoration for more than 3 months. The 3/12/2015 note indicated that the Restoril was being discontinued. The treating physician requested authorization for left C5-6 cervical epidural steroid injection under fluoroscopy, Qty: 1.00; Norco 5/325mg Qty 150.00; Restoril 30mg Qty 30.00. On December 29, 2014 the Utilization Review denied certification for left C5-6 cervical epidural steroid injection under fluoroscopy, Qty: 1.00 and Restoril 30mg Qty 30.00. On December 29, 2014 the Utilization Review modified the certification for Norco 5/325mg Qty 150.00 to Norco 5/325mg Qty 120.00. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Left C5-6 cervical epidural steroid injection under fluoroscopy qty 1.00: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.23.1 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 injection can be utilized for the treatment of cervical radiculopathy neck pain when conservative treatments with medications and PT have failed. The records indicate that the patient had subjective, objective and radiological findings consistent with cervical radiculopathy. There is documentation of significant pain relief, reduction in medication utilization and functional restoration following the last cervical epidural steroid injection. The patient completed and failed conservative treatment with medications and PT. The criteria for the left C5-C6 cervical epidural steroid injection quantity 1 was met.

### **Norco 5/325mg qty 150.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79, 80, 81, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of severe musculoskeletal pain that did not respond to standard treatments with NSAIDs and PT. The chronic use of opioids can be associated with the development of tolerance, dependency, sedation, addiction, opioid induced hyperalgesia and adverse interactions with other sedative medications. There is lack of documentation of the guidelines required compliance monitoring of serial UDS, absence of aberrant behavior and functional restoration. The criteria for the use of Norco 5/325mg #150 was not met.

### **Restoril 30mg qty 30.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 24, 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Mental Illness and Stress.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that sedative and hypnotics can be utilized for short term treatment of insomnia when non medication sleep measures have failed. It is recommended that the patient be fully evaluated for correctable cause of insomnia. The chronic use of benzodiazepines as sleep medications is associated with the development of tolerance, dependency, addiction, daytime somnolence, disruption of sleep-wake circle and adverse interaction with opioids and sedatives. The records indicate that the Restoril medication was being discontinued. The patient is utilizing multiple medications with sedative effects concurrently. The criteria for the use of Restoril 30mg #30 was not met.