

<b>Case Number:</b>	CM15-0100671		
<b>Date Assigned:</b>	06/03/2015	<b>Date of Injury:</b>	02/25/2014
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 48 year old female sustained an industrial injury to the neck and back on 2/25/14. Previous treatment included magnetic resonance imaging, electromyography, sacroiliac joint injection, hip epidural, epidural steroid injections, physical therapy for the lumbar spine and medications. Magnetic resonance imaging lumbar spine (5/28/14) showed degenerative changes with decreased disc hydration. Magnetic resonance imaging pelvis (10/3/14) was unremarkable. Magnetic resonance imaging cervical spine (4/7/15) showed degenerative changes with disk herniation at C5-6. In a PR-2 dated 5/11/15, the injured worker complained of neck pain and left trapezius and parascapular shoulder pain with numbness and tingling in the left upper extremity. The injured worker had not started physical therapy for the cervical spine yet. Physical exam was remarkable for 4/5 strength at the left shoulder abductor and good strength in all major myotomes. Current diagnoses included acute on chronic left neck and left upper extremity pain secondary to disc herniation, right hip pain, sacroiliitis and acute on chronic low back pain. The injured worker had been prescribed Norco and Flexeril since at least 12/1/14. The treatment plan included renewing medications (Norco, Flexeril and Flector patch) and requesting authorization for left C4-5 and C5-6 epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**C4-C5 and C5-C6 epidural steroid injection: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines epidural injections Page(s): 47.

**Decision rationale:** According to the guidelines, the criteria for the use of Epidural steroid injections: Note: The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit.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). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 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. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. In this case, the claimant had an abnormal MRI at C4- C6 with foraminal stenosis and left upper extremity weakness consistent with radiculopathy. In addition, pain was not well controlled with oral analgesics. The request for a cervical epidural is appropriate and medically necessary.

**Flexeril 10 mg #60: Upheld**

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

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

**Decision rationale:** According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril along with Norco for over 6 months with persistent pain which required invasive procedures to improve pain and function. The continued use of Flexeril is not recommended and not medically necessary.

**Flector patch 1.3% #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Flector contains a topical NSAID. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2 week period. In this case, the claimant has been prescribed a Flector for over a month. There is limited evidence to support long-term use of Flector. In addition, the claimant also failed oral analgesics and required the use of invasive procedures. The Flector patch is not medically necessary.