

<b>Case Number:</b>	CM15-0109506		
<b>Date Assigned:</b>	06/16/2015	<b>Date of Injury:</b>	09/10/2014
<b>Decision Date:</b>	07/17/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 industrial injury on 9/10/14. The injured worker was diagnosed as having cervical radiculitis, cervical sprain and cervical degenerative disease. Currently, the injured worker was with complaints of pain in the neck, right shoulder and right hand. Previous treatments included status post right rotator cuff repair, lumbar spine epidural injection and medication management. Previous diagnostic studies included radiographic studies and a magnetic resonance imaging. The plan of care was for medication prescriptions and an epidural injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg Qty 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Hydrocodone Page(s): 76-78, 88-90.

**Decision rationale:** Based on the 05/20/15 progress report provided by treating physician, the patient presents with neck pain that radiates to right interscapular area, rated 5-6/10 with and 8/10 without medications. The patient is status post right rotator cuff repair, date unspecified. The request is for Norco 10/325 MG QTY 60. Patient's diagnosis per Request for Authorization form dated includes cervical degenerative disc disease, cervical radiculopathy, cervical spondylosis, and rib strain. Physical examination to the cervical spine on 06/09/15 revealed limited range of motion and positive Spurling's maneuver on the right. Diminished sensation noted in the right C5-6 dermatomes. Treatment to date included shoulder surgery, imaging studies, lumbar ESI, home exercise program and medications. Patient's medications include Norco, Butrans, and Tramadol. The patient is off-work, per 05/20/15 report. MTUS Guidelines, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p77 states: "Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Norco has been included in patient's medications, per progress reports dated 04/13/15, 05/20/15 and 06/09/15. It is not known when Norco was initiated. In this case, treater has addressed analgesia with pain scales. However, treater has not discussed how Norco significantly improves patient's activities of daily living. MTUS states: "function should include social, physical, psychological, daily and work activities." There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No UDS's, opioid pain agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request is not medically necessary.

### **Cervical Epidural Injection, Right, C5-C6: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back - Criteria for the use of Epidural Steroid Injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

**Decision rationale:** Based on the 05/20/15 progress report provided by treating physician, the patient presents with neck pain that radiates to RIGHT interscapular area, rated 5-6/10 with and 8/10 without medications. The patient is status post right rotator cuff repair, date unspecified. The request is for Cervical Epidural Injection, Right, C5-C6. Patient's diagnosis per Request for Authorization form dated includes cervical degenerative disc disease, cervical radiculopathy, cervical spondylosis, and rib strain. Treatment to date included shoulder surgery, imaging studies, lumbar ESI, home exercise program and medications. Patient's medications include Norco, Butrans, and Tramadol. The patient is off-work, per 05/20/15 report. MTUS has the following regarding ESI's, under its chronic pain section: Page 46, 47: "Criteria for the use of

Epidural steroid injections: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 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 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." Physical examination to the cervical spine on 06/09/15 revealed limited range of motion and positive Spurling's maneuver on the Right. Diminished sensation noted in the Right C5-6 dermatomes. MRI of the cervical spine dated 10/21/14, per 04/13/15 report states "...2mm retrolisthesis at C5 and C6, degenerative and narrow end plate changes at C5-C6, disc space narrowing broad-based disc bulge with ligamentum flavum redundancy causing mild canal narrowing and severe left and moderate Right neural foraminal stenosis." The patient continues with neck pain that radiates to right shoulder. Treater has supported patient's cervical radicular symptoms and diagnosis with physical examination findings, which corroborate with MRI diagnostic discussion. There is no indication patient had prior cervical ESI. This request appears reasonable and in accordance with guidelines. Therefore, the request is medically necessary.