

<b>Case Number:</b>	CM15-0141835		
<b>Date Assigned:</b>	08/25/2015	<b>Date of Injury:</b>	02/10/2009
<b>Decision Date:</b>	09/21/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 46-year-old female who sustained an industrial injury on February 10, 2009. A primary treating office visit dated February 18, 2011 reported current subjective complaint of neck gets swollen and there is pain on the left side along with right shoulder and right elbow pain. She also has complaint of mid and low back pain in addition to complaining of left foot pain. Current medications are Oxycodone, Flexeril, Lidoderm patches, Fluorobrophine and utilize a transcutaneous nerve stimulator unit, ice application, brace and cane. Objective findings showed cervical spine with tenderness to palpation over the right trapezius and levator scapula with noted painful and guarded range of motion. The right shoulder has pain with any range of motion and right elbow noted with tenderness to palpation over the lateral aspect and pain with all motion. The following diagnoses were applied: cephalgia; cervical spine strain and sprain; cervical neuralgia; right shoulder adhesive capsulitis; right shoulder manipulation under anesthesia in June 2010; right elbow lateral epicondylitis; reflex sympathetic dystrophy, right upper extremity; left shoulder and or arm overcompensation pain; anxiety and depression, and rash to the neck and shoulder area. The plan of care noted pending pain management follow up on February 22, 2011 and a dermatologist on February 25, 2011. There is recommendation to be seen by psychologist. She is also with recommendation for the need of a caregiver as her sister has been dedicated to assisting but has her own issues. She is to remain temporarily totally disabled. Previous diagnostic testing to involve radiographic study, magnetic resonance imaging, nerve conduction study, multiple specialty consultations. A pain re-evaluation dated May 20, 2015 reported discussion regarding medications denied through authorization process to

include MS Contin, Percocet, Lyrica, Naproxen, Fioricet, Flexeril, Omeprazole, and cervical epidural injections. She is with subjective complaint of constantly occurring neck pain radiating down right upper extremity, ongoing severe migraines, insomnia, nausea and gastric upset. Of note, the last epidural injection noted administered September 30, 2014 with noted 50-80 % overall improvement in symptom lasting about three months. She has been utilizing samples from the office of Lyrica. Objective finding showed cervical region with bilateral spasm in the paraspinal muscles. There is tenderness noted upon palpation at the bilateral paravertebral C5-7, bilateral occipital regions, and occipital tenderness bilaterally. The following diagnoses were applied: chronic pain, other; cervical disc degeneration; cervical radiculopathy; right elbow pain; occipital neuralgia; headaches, migraines; right sided lateral epicondylitis; gastroesophageal reflux disorder and ulnar neuritis. The plan of care is with recommendation to administer a cervical epidural injection in order of avoiding any surgical intervention.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Right C7-T1 cervical epidural steroid injection under flouroscopy: Overturned**

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

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

**Decision rationale:** The claimant sustained a work injury in February 2009 when seen, she was having constant neck pain radiating into the right upper extremity and was having bilateral occipital headaches. She was having ongoing severe migraine headaches. A cervical epidural injection on 09/30/14 had provided a 50-80% improvement with in pain with lasting for three months. Physical examination findings included appearing in moderate distress. There was a slow and antalgic gait with use of crutches. There was cervical paraspinal muscle tenderness with decreased range of motion and pain. There was decreased right upper extremity sensation and decreased grip strength. There was bilateral occipital tenderness. There was lumbar spine tenderness and pain with range of motion. There were paraspinal muscle spasms. There was right elbow tenderness with swelling and decreased right elbow, shoulder, wrists, and hand range of motion with pain. There were findings of right upper extremity allodynia. Authorization for another epidural injection and for Rizatriptan is being requested. Guidelines recommend that, in the therapeutic phase, repeat epidural steroid injections should be based on documented pain relief with functional improvement, including at least 50% pain relief for six to eight weeks, with a general recommendation of no more than four blocks per region per year. In this case, the response from the last cervical epidural steroid injection in September 2014 fulfills the applicable criteria and is within applicable guidelines and medically necessary.

#### **Rizatriptan 5mg ODT #24: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Head (trauma, headaches, etc., not including stress & mental disorders): Rizatriptan (Maxalt).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head (trauma, headaches, etc., not including stress & mental disorders), and Migraine pharmaceutical treatment.

**Decision rationale:** The claimant sustained a work injury in February 2009 when seen, she was having constant neck pain radiating into the right upper extremity and was having bilateral occipital headaches. She was having ongoing severe migraine headaches. A cervical epidural injection on 09/30/14 had provided a 50-80% improvement with in pain with lasting for three months. Physical examination findings included appearing in moderate distress. There was a slow and antalgic gait with use of crutches. There was cervical paraspinal muscle tenderness with decreased range of motion and pain. There was decreased right upper extremity sensation and decreased grip strength. There was bilateral occipital tenderness. There was lumbar spine tenderness and pain with range of motion. There were paraspinal muscle spasms. There was right elbow tenderness with swelling and decreased right elbow, shoulder, wrists, and hand range of motion with pain. There were findings of right upper extremity allodynia. Authorization for another epidural injection and for Rizatriptan is being requested. Triptan medication is recommended for migraine sufferers. At marketed doses, all oral triptans are effective and well tolerated. Differences among them are in general relatively small, but clinically relevant for individual patients. A poor response to one triptan does not predict a poor response to other agents in that class. The requested dose is within that recommended and the claimant has ongoing severe migraine headaches and is considered medically necessary.