

Case Number:	CM15-0142596		
Date Assigned:	08/04/2015	Date of Injury:	11/03/2003
Decision Date:	09/22/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/22/2015

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: Preventive Medicine, Occupational 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 59-year-old female, who sustained an industrial injury on November 3, 2003. Several documents included in the submitted medical records are difficult to decipher. She reported the gradual onset of neck, left shoulder, and bilateral wrist injuries. The injured worker was diagnosed as having lumbar spine radiculitis, lumbar 5-sacral 1 herniated nucleus pulposus, cervical radiculopathy, and cervical 5-6 disc bulge. On January 13, 2011, an MRI of the cervical spine revealed multilevel disc desiccation and muscle spasm. There was disc desiccation with 3-4 millimeter disc protrusion central and foraminal with stenosis at cervical 4-5 and cervical 5-6. On December 22, 2014, she underwent a cervical epidural steroid injection at cervical 5-6 with 20% pain relief in the neck and 60% in the arms. Treatment to date has included physical therapy, a transcutaneous electrical nerve stimulation (TENS) unit, heat, work modifications, a home neck traction unit, a home exercise program, cervical epidural steroid injections, and medications including opioid analgesics, topical analgesic, muscle relaxant, glucosamine supplement, and non-steroidal anti-inflammatory. Other noted dates of injury documented in the medical record include: September 11, 1992. Comorbid diagnoses included history of depression. Work status; She retired in 2011. On June 16, 2015, the injured worker reported ongoing neck pain radiating to her bilateral arms in the cervical 6 distribution. Her pain was rated 8 out of 10. A past cervical epidural provided good relief. The physical exam revealed decreased cervical range of motion with pain, positive Spurling's, decreased sensation in the right arm and forearm at cervical 6. There was decreased grip strength bilaterally, right greater than

left. The treatment plan includes a cervical 5-6 epidural steroid injection and continuing Norco and Soma.

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 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (chronic) - Weaning, opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section, Weaning of Medications Section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has been taking MS Contin for an extended period without objective documentation of functional improvement or significant decrease in pain. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Norco 10/325 mg Qty 180 is not medically necessary.

Soma 350 mg Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (soma) Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Section, Weaning of Medications Section Page(s): 29, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of Soma, and specifically state that the medication is not indicated for long-term use. There are precautions with sudden discontinuation of this medication due to withdrawal symptoms in chronic users. This medication should be tapered, or side effects of withdrawal should be managed by other means. In this case, Soma is being used in a chronic nature which is not supported by the guidelines. The request for Soma 350 mg Qty 90 is not medically necessary.

Cervical Spine Epidural Steroid Injection, C5-C6, Qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175, Chronic Pain Treatment Guidelines Epidural Steroid Injections. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back (Acute & Chronic) - Epidural Steroid Injection.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175; 181, Chronic Pain Treatment Guidelines Epidural Steroid Injections Section Page(s): 46.

Decision rationale: Epidural steroid injections are recommended by the MTUS Guidelines when the patient's condition meets certain criteria. The criteria for use of epidural steroid injections include 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment. 3) Injections should be performed using fluoroscopy for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed, and a second block is not recommended if there is inadequate response to the first block. 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. 8) No more than 2 ESI injections. Although physical exam by the requesting provider does document radiculopathy and the injured worker has had inadequate response to conservative treatment. However, the injured worker has had previous cervical ESI without documentation of objective pain relief or functional benefit. The criteria for the use of epidural steroid injections is therefore not met as outlined in the cited guidelines. The request for cervical spine epidural steroid injection, C5-C6, Qty 1 is not medically necessary.