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| <b>Case Number:</b>   | CM15-0147846 |                              |            |
| <b>Date Assigned:</b> | 08/10/2015   | <b>Date of Injury:</b>       | 12/28/2008 |
| <b>Decision Date:</b> | 09/08/2015   | <b>UR Denial Date:</b>       | 07/07/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/29/2015 |

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 36 year old female, who sustained an industrial injury on December 28, 2008. The injured worker was diagnosed as having thoracic-lumbar neuritis, lumbago and cervicgia. Treatment to date has included magnetic resonance imaging (MRI) epidural steroid injection and medication. A progress note dated June 26, 2015 provides the injured worker complains of neck and low back pain. She reports previous epidural steroid injection in 2011 helped for an extended period. Physical exam notes painful decreased cervical range of motion (ROM) with positive Spurling's test, pain radiating to the right shoulder and scapula and decreased sensation. Review of magnetic resonance imaging (MRI) reveals cervical disc herniation and stenosis. There is a request for cervical epidural steroid injection, Ultracet and post-op physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical ESI C5-C6:** Upheld

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

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

**Decision rationale:** Cervical ESI C5-C6 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that one of the criteria for the use of epidural steroid injections is that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The documentation does not indicate objective cervical imaging or electrodiagnostic studies for review. For this reason the request for epidural steroid injection is not medically necessary.

**Ultracet 37.5/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 84.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain: Opioids, specific drug list-Tramadol/Acetaminophen.

**Decision rationale:** Ultracet 37.5/325mg #60 is not medically necessary per the MTUS Guidelines and the ODG. The ODG states that Ultracet is for short term use 5 days in acute pain management. The MTUS states that before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. There should be baseline pain and functional assessments should be made. Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale. Pain related assessment should include history of pain treatment and effect of pain and function. There should be an assessment on the likelihood that the patient could be weaned from opioids if there is no improvement in pain and function. The patient should have at least one physical and psychosocial assessment by the treating doctor (and a possible second opinion by a specialist) to assess whether a trial of opioids should occur. The physician and surgeon should discuss the risks and benefits of the use of controlled substances and other treatment modalities with the patient, caregiver or guardian. A written consent or pain agreement for chronic use is not required but may make it easier for the physician and surgeon to document patient education, the treatment plan, and the informed consent. A urine drug screen can be obtained to assess for the use or the presence of illegal drugs. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal the above pain assessment or clear monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The documentation does not reveal a recent updated urine drug screen, signed pain agreement, or treatment plan for opioids. The documentation does not reveal evidence that Ultracet has caused an increase in function. The documentation does not indicate that Ultracet is being used for short term use 5 days for acute pain management. The request for Ultracet is not medically necessary.

**Post-op physical therapy 3 x 4 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections and physical medicine Page(s): 46 and 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back- Physical therapy (PT).

**Decision rationale:** Post-op physical therapy 3 x 4 weeks is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that one of the criteria for the use of epidural steroid injections is that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The documentation does not indicate objective cervical imaging or electrodiagnostic studies for review. For these reason the request for epidural steroid injection and therefore the request for post op PT is not medically necessary. Furthermore, the MTUS only recommends up to 10 visits for neuritis and the ODG states that post-injection treatment is 1-2 visits over 1 week. The request for 12 visits exceeds these recommendations. For these reason the request for epidural steroid injection and therefore the request for post op PT is not medically necessary.