

Case Number:	CM15-0149406		
Date Assigned:	08/12/2015	Date of Injury:	03/04/2014
Decision Date:	09/15/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/31/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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:

This 39-year-old male sustained an industrial injury to the right shoulder and neck on 3-4-14. Magnetic resonance imaging cervical spine (7-17-14) showed disc protrusion with neuroforaminal stenosis. Right shoulder magnetic resonance imaging (12-15-14) showed a partial tear of the supraspinatus tendon. Previous treatment included physical therapy and medications. In a PR-2 dated 6-22-15, the injured worker complained of neck pain rated 8 out of 10 on the visual analog scale with radiation to bilateral upper extremities and right shoulder pain rated 5 to 8 out of 10. The injured worker stated that his shoulder pain was improving with physical therapy. The injured worker reported benefitting from the use of a transcutaneous electrical nerve stimulator unit during physical therapy. Physical exam was remarkable for cervical spine with tenderness to palpation to the left paraspinal musculature and trapezius, hypertonicity and spasms, decreased range of motion and decreased sensation at the right C4-5 distribution and right shoulder with tenderness to palpation, hypertonicity, spasms, positive impingement signs and limited range of motion. Current diagnoses included right shoulder strain and strain with positive rotator cuff tear and cervical spine sprain and strain with radiculopathy. The treatment plan included requesting authorization for refills of Anaprox and Norflex, a subacromial injection, a transcutaneous electrical nerve stimulator unit and continuing home exercise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex 100 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63, 65.

Decision rationale: With regard to muscle relaxants, the MTUS states "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. In addition, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." Regarding Orphenadrine: This drug is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. The FDA approved this drug in 1959. Side Effects: Anticholinergic effects (drowsiness, urinary retention, dry mouth). Side effects may limit use in the elderly. This medication has been reported in case studies to be abused for euphoria and to have mood-elevating effects. (Shariatmadari, 1975) With regard to medication history, this appears to be the first prescription. The injured worker is not suffering from an acute exacerbation of low back pain, but has shoulder pain. The request is not medically necessary.

Two (2) right C3-C4 and C4-C5 transfacet ESI: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: Per the MTUS CPMTG epidural steroid injections are used 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 benefit. The criteria for the use of epidural steroid injections are as follows: 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 researches do not support "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. The documentation submitted for review indicates that the injured worker has decreased sensation of the right C4-C5 dermatome with motor weakness as compared to the left. MRI of the cervical spine dated 7/17/14 indicated right neural foraminal stenosis at C3-C4 and more prominently at C4-C5. Above-mentioned citation conveys radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Radiculopathy is defined as two of the following: weakness, sensation deficit, or diminished/absent reflexes associated with the relevant dermatome. I respectfully disagree with the UR physician, because the injured worker showed positive response to conservative measures does not mean that ESI is not medically necessary. The UR physician asserts "the transfacet approach for cervical epidural steroid injections lacks sufficient evidence as data on the technique is limited and scarce" but does not provide a citation to corroborate this claim. The MTUS does not contraindicate the use of a transfacet approach for epidural injections. The request is medically necessary.