

<b>Case Number:</b>	CM15-0187868		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	09/25/2014
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	08/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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 male, who sustained an industrial injury on 9-25-2014. The medical records indicate that the injured worker is undergoing treatment for cervicgia, unspecified myalgia and myositis, brachial neuritis or radiculitis, and cervical spondylosis without myelopathy. According to the progress report dated 8-20-2015, the injured worker presented with complaints of increased neck pain with radiation into his bilateral upper extremities. The pain is described as aching, sharp, and shooting. On a subjective pain scale, he rates his pain 8 out of 10. The physical examination of the cervical spine reveals tenderness to palpation, tightness, triggering, and spasm in the paravertebral, trapezius, and levator scapulae muscles. Range of motion is limited. Sensation was normal. The current medications are Trepadone, Theramine, and Sentra PM. Previous diagnostic studies include electrodiagnostic testing and MRI of the cervical spine. The MRI report from 12-8-2014 reveals the C4-C5 and C6-7 disc level shows dehiscence of nucleus pulposus with a 2-millimeter bulge indenting the anterior portion of the cervical subarachnoid space. The electrodiagnostic report from 11-18-2014 was noted as "normal". Treatments to date include medication management, physical therapy, acupuncture, and massage therapy. Work status is not specified. The original utilization review (8-28-2015) had non-certified a request for Tramadol and cervical epidural steroid injection C4-5 and C6-7.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CESI at C4-5 and C6-7: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**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. In this case, there is no evidence of radiculopathy on physical examination and an EMG conducted on 11/18/14 was negative, therefore, the request for CESI at C4-5 and C6-7 is not medically necessary.

**Tramadol 150mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Weaning of Medications, Opioids for chronic pain.

**Decision rationale:** Tramadol is a central acting synthetic opioid that exhibits opioid activity with a mechanism of action that inhibits the reuptake of serotonin and norepinephrine with side effects similar to traditional opioids. 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. In this case, there is no evidence of significant pain relief or functional improvement with the prior use of Tramadol. 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 Tramadol 150mg #30 is not medically necessary.