

<b>Case Number:</b>	CM15-0189339		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	01/27/2007
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 60 year old male injured worker suffered an industrial injury on 1-27-2007. The diagnoses included cervical degenerative disc disease, cervical radiculopathy, and cervical facet arthropathy. On 3-4-2015, the provider noted the bilateral neck and shoulder pain reduced 50% relieved with cervical radio frequency ablation and the medication and reported partial recurrence of the bilateral lower cervicalgia. On 9-4-2015 the treating provider reported ongoing and severe pain in the neck with radiating and radicular pain to the upper extremities. He reported he had 70% to 80% improvement of pain after previous cervical epidural steroid injection lasting 5 months. On exam the cervical spine had severe tenderness in the bilaterally. The Spurling's was positive to the left. The lumbar spine had bilateral tenderness. The opiate contract was reviewed per the provider. The documentation provided did not include evidence of a comprehensive pain evaluation with pain levels with and without medications, no evidence of functional improvement with treatment and no aberrant risk assessment. Prior treatment included cervical epidural steroid injection 2-24-2015. Oxycodone had been in use at least since 3-2015. Request for Authorization date was 9-8-2015. The Utilization Review on 9-15-2015 determined modification for Oxycodone HCL 15mg #210 to #120 and non-certification for C7-T1 interlaminar cervical epidural injection under fluoroscopic guidance with x-rays and anesthesia x2.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone HCL 15mg #210: 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): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioids.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, oxycodone HCl 15 mg # 210 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are degenerative disc disease cervical spine; cervical radiculopathy; shoulder impingement syndrome; and sprain strain neck. Date of injury is January 27, 2007. Request for authorization is September 9, 2015. According to a September 1, 2015 progress note, the injured worker had a series of cervical epidural steroid injections with 70 - 80% improvement for five months. The documentation indicates series, but not the specific number. Subjectively, the injured worker has ongoing neck pain with radiation to the left greater than right biceps. Pain score is 5/10. Objectively, there is tenderness to palpation with spasm. Sensation is decreased at the right C7 dermatome and left C6 and C7 dermatome. The earliest progress note containing oxycodone is dated March 4, 2015. This is the earliest progress note and not the start date. The start date is not specified. There is no documentation demonstrating objective functional improvement to support ongoing oxycodone. There is no documentation indicating an attempt to wean oxycodone. Based on the pinnacle information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement and no documentation was an attempt at weaning, oxycodone HCl 15 mg # 210 is not medically necessary.

**C7-T1 interlaminar cervical epidural injection under fluoroscopic guidance with x-rays and anesthesia x2: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, Epidural steroid injections (ESIs).

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, C7 - T-1 interlaminar cervical epidural injection under fluoroscopy with x-rays and anesthesia times #2 is not medically necessary. Cervical epidural steroid injections are not recommended based on recent evidence given the serious risks of the procedure in the cervical region and the lack of quality evidence for sustained benefit. Cervical ESI may be supported with the following criteria. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatory's and muscle relaxants); 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 6 to 8 weeks . . . etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response, etc. See the guidelines for details. There is no evidence-based literature to make a firm recommendation as to sedation during the ESI. The use of sedation introduces potential diagnostic and safety issues making it unnecessary than ideal. A major concern is that sedation may result in the inability of the patient to experience the expected pain and paresthesias associated with spinal cord irritation. Routine use is not recommended except for patients with anxiety. The general agent recommended is a benzodiazepine. While sedation is not recommended for facet injections (especially with opiates) because it may alter the anesthetic diagnostic response, sedation is not generally necessary for an epidural steroid injection but is not contraindicated. As far as monitored anesthesia administered by someone besides the surgeon, there should be evidence of a pre-anesthetic exam and evaluation, prescription of anesthesia care, completion of the record, administration of medication and provision of postoperative care. In this case, the injured worker's working diagnoses are degenerative disc disease cervical spine; cervical radiculopathy; shoulder impingement syndrome; and sprain strain neck. Date of injury is January 27, 2007. Request for authorization is September 9, 2015. According to a September 1, 2015 progress note, the injured worker had a series of cervical epidural steroid injections with 70 - 80% improvement for five months. The documentation indicates a series were provided, but not the specific number. Subjectively, the injured worker has ongoing neck pain with radiation to the left greater than right biceps. Pain score is 5/10. Objectively, there is tenderness to palpation with spasm. Sensation is decreased at the right C7 dermatome and left C6 and C7 dermatome. The earliest progress note containing oxycodone is dated March 4, 2015. This is the earliest progress note and not the start date. The start date is not specified. Routine use (of sedation) is not recommended except for patients with anxiety. Sedation is not generally necessary for an epidural steroid injection, but is not contraindicated. There are no compelling facts and no documentation of anxiety to warrant sedation with anesthesia. There is no pre-anesthetic examination or evaluation. Additionally, the documentation indicates the injured worker received a series (no specific number) and the treating provider is now requesting an additional two epidural steroid injections in the calendar year 2015. The total number of epidural steroid injections should not exceed #4 per year. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, guideline non-recommendations for sedation/anesthesia without documented anxiety or compelling clinical facts, and no documentation of anxiety or compelling clinical facts to support

anesthesia, C7 - T-1 interlaminar cervical epidural injection under fluoroscopy with x-rays and anesthesia times #2 is not medically necessary.