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| <b>Case Number:</b>   | CM15-0192293 |                              |            |
| <b>Date Assigned:</b> | 10/06/2015   | <b>Date of Injury:</b>       | 01/26/2009 |
| <b>Decision Date:</b> | 11/24/2015   | <b>UR Denial Date:</b>       | 09/02/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/30/2015 |

### 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: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 54 year old, male who sustained a work related injury on 1-26-09. A review of the medical records shows he is being treated for low back and cervical pain. Treatments have included acupuncture with "improved pain relief", previous cervical epidural steroid injection on 8-3-15 with "30% pain relief," physical therapy in 2013 with "increased pain symptoms," and medications. Current medications include Amitiza, Mobic, Oxycontin, and Percocet. Had urine drug screen done on 8-25-15 that was positive for Oxycodone. In the progress notes, the injured worker reports cervical and low back pain. He reports his pain radiates to both legs. He describes the pain as constant, sharp and shooting. He rates his pain level a 2 out of 10. With medications, his pain level is 2 out of 10 and without medications. The with pain medication rating has decreased from previous visits from 4 out of 10 to now 2 out of 10. The without medications level remains the same. He reports that he is currently receiving "40% pain relief with current medications." In the objective findings dated 8-25-15, he has 5 out of 5 strength in both legs. He has positive straight leg raises with both legs. He has mild palpable spasms in bilateral lumbar musculature with positive twitch response. He has decreased range of motion in lumbar spine. He has 5 out of 5 strength in both arms. He has mild decreased range of motion in cervical spine due to pain. He has moderate tenderness to palpation in bilateral cervical paraspinal muscles with positive twitch response, left greater than right. Working status is not noted. The treatment plan includes a request for medications and a cervical epidural steroid injection. The Request for Authorization dated 8-27-15 has requests for Mobic, weaning of Percocet, Oxycontin, Amitiza, and a request for a single left cervical epidural steroid injection at C5-6. In the Utilization Review dated 9-2-15, the requested treatments of Percocet 10-325mg. #60, Oxycontin 40mg. #90 and a left C5-6 cervical epidural steroid injection are not medically necessary.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg, QTY: 60.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Therefore this request is not medically necessary.

**Oxycontin 40mg, QTY: 90.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Therefore this request is not medically necessary.

**Left C5-6 cervical epidural steroid injection, QTY: 1.00: Upheld**

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

**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/Epidural Steroid Injections.

**Decision rationale:** MTUS recommends an epidural steroid injection for treatment of a radiculopathy. This guideline supports such an injection only if there is documentation of a radiculopathy by physical examination corroborated by imaging studies and/or electrodiagnostic testing. The records in this case do not document such findings to confirm the presence of a radiculopathy at the requested level. Additionally recent guidance from ODG is more specific and notes that steroid injection into the cervical region has substantial risks of serious and irreversible neurological adverse events, including stroke, spinal cord infarction, or even death. Thus treatment guidelines strongly discourage cervical epidural injections. The records do not provide an alternate rationale to support such treatment in this case. For these multiple reasons, this request is not medically necessary.