

<b>Case Number:</b>	CM15-0199951		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	05/13/2004
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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, Oregon, Washington  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 injured worker is a 52 year old female who reported an industrial injury on 5-13-2004. Her diagnoses, and or impressions, were noted to include: cervical pain, status-post two-level cervical discectomy and fusion (ACDF); cervical disc degeneration, displacement, radiculitis, radiculopathy, and facet arthropathy; and obesity. The history noted a neck injury from a motor vehicle accident on 5-20-2004. No imaging studies of the cervical spine were noted. Her treatments were noted to include: an agreed medical examination on 3-17-2015; acupuncture therapy; medication management (with Norco & Tramadol since 10-13-14), and with toxicology screenings (9-17-15); and rest from work. The pain management progress notes of 9-3-2015 reported complaints which included: constant neck pain, rated 7 out of 10 with medications and 10 out of 10 without, that radiated down the left, versus bilateral, upper extremity(s), was associated with frequent left-sided occipital and temporal headaches, aggravated by activity and motion, and which interfered with sleep and her activities of daily living (rated 8 out of 10). The objective findings were noted to include: obesity; in slight-moderate distress; tenderness in cervical 4-7 area, with significant increase of pin with flexion-extension, and positive bilateral facet signs, decreased sensation in the upper extremities, and positive bilateral Spurling's test. The physician's requests for treatment were noted to include cervical epidural steroid injection, and refills of Norco 10-325 mg daily as needed for pain, #30, and Tramadol 50 mg twice a day as needed for pain, #60. The Request for Authorization, dated 9-9-2015, was noted for bilateral cervical 4-6 cervical epidural under fluoroscopy, for cervical disc degeneration. The Utilization Review of 9-16-2015 non-certified the request for: bilateral cervical 4-6 epidural, under fluoroscopy; Norco 10-325 mg daily, #30; and Tramadol 50 mg twice a day, #60.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Bilateral C4-6 cervical epidural under fluoroscopy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** According to the CA MTUS/ Chronic Pain Medical Treatment Guidelines, Epidural Steroid injections page 46. The purpose of ESI is 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 functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There must be evidence that the claimant is unresponsive to conservative treatment (exercises, physical methods, NSAIDs, and muscle relaxants). In this case the exam notes from 3/17/15 and 9/3/15 do not demonstrate a radiculopathy that is specific to a dermatome on physical exam. In addition there is lack of evidence of failure of conservative care. Therefore the determination is for non-certification, not medically necessary.

### **Norco 10-325mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids. A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Opioids may be continued if the patient has returned to work and the patient has improved functioning and pain. Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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 ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity from the exam note of 3/17/15 and 9/3/15. Therefore the determination is for non-certification, not medically necessary.

**Tramadol 50mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list.

**Decision rationale:** Per the CA MTUS Chronic Pain Medical Treatment Guidelines pages 93-94, specific drug list, Tramadol is a synthetic opioid affecting the central nervous system. Tramadol is indicated for moderate to severe pain. Tramadol is considered a second line agent when first line agents such as NSAIDs fail. There is insufficient evidence in the records of 3/17/15 and 9/3/15 of failure of primary over the counter non-steroids or moderate to severe pain to warrant Tramadol. Therefore use of Tramadol is not medically necessary and it is noncertified. A recent Cochrane review found that this drug decreased pain intensity, produced symptom relief and improved function for a time period of up to three months but the benefits were small (a 12% decrease in pain intensity from baseline). Adverse events often caused study participants to discontinue this medication, and could limit usefulness. There are no long-term studies to allow for recommendations for longer than three months. (Cepeda, 2006) Similar findings were found in an evaluation of a formulation that combines immediate-release vs. extended release Tramadol. Adverse effects included nausea, constipation, dizziness/vertigo and somnolence. (Burch, 2007) Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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, not medically necessary.