

<b>Case Number:</b>	CM15-0021461		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	08/14/2002
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2015

### 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: Indiana

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 35 year old female, who sustained an industrial injury on 8/14/2002. She has reported injury to low back, neck, left hip, left knee, and upper back. The diagnoses have included lumbar disc displacement without myelopathy, radiculitis, disc degeneration, and patellar tendinitis. Treatment to date has included medication management. Currently, the IW complains of neck pain. On 12/22/14, physical examination documented tenderness and stiffness to spine, with radiculitis down left leg associated with cramping and spasm. Range of Motion (ROM) was reduced secondary to pain. The injured worker had delivered a baby two weeks prior. The plan of care included epidural steroid injection pending approval, and restarting pain medications. On 2/3/2015 Utilization Review non-certified Norco 10/325mg #90, Soma 350mg #60, and interlaminar C7-T1 epidural steroid injection, noting the documentation failed to support medical necessity. The MTUS Guidelines were cited. On 2/4/2015, the injured worker submitted an application for IMR for review of Norco 10/325mg #90, Soma 350mg #60, and interlaminar C7-T1 epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); pain; opioids

**Decision rationale:** ODG does not recommend the use of opioids for neck, low back, and shoulder pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "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 treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. Additionally, medical documents indicate that the patient has been on Norco in excess of the recommended 2-week limit. As such, the request for Norco is not medically necessary.

**Soma 350mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29, 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Carisoprodol

**Decision rationale:** Soma is the brand name version of the muscle relaxant carisoprodol. MTUS guidelines state that Soma is "not recommended. This medication is not indicated for long-term use." MTUS continues by discussing several severe abuse, addiction, and withdrawal concerns regarding Soma. Soma is not recommended for longer than a 2 to 3 week period and that weaning of medication should occur, according to MTUS. The request for SOMA 350MG, #60 is in excess of the guidelines and weaning should occur. As such, the request for 1 prescription for Soma 350mg, #60 is not medically necessary.

**Interlaminar C7-T1 epidural steroid injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); pain; ESI

**Decision rationale:** MTUS Chronic pain medical treatment guidelines state that epidural steroid injections are "recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) . . . Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program." There were no medical documents provided to conclude that other rehab efforts or home exercise program is ongoing. Additionally, no objective findings were documented to specify the dermatomal distribution of pain. MTUS further defines the criteria for epidural steroid injections to include: 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 research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. The requested treatment exceeds the guideline "No more than one interlaminar level should be injected at one session". Therefore, the request for Interlaminar C7-T1 epidural steroid injection is not medically necessary.