

<b>Case Number:</b>	CM15-0222159		
<b>Date Assigned:</b>	11/17/2015	<b>Date of Injury:</b>	09/08/2010
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	10/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2015

### 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

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 50 year old female who sustained an industrial injury on 09-08-2010. A review of the medical records indicated that the injured worker is undergoing treatment for chronic pain syndrome, cervical disc bulge, cervical radiculitis, cervical spondylosis, headaches and right rotator cuff tendinitis, acromioclavicular joint arthritis and right shoulder impingement syndrome. According to the treating physician's progress report on 10-15-2015, the injured worker continues to experience neck and left arm pain with numbness and tingling in the hands and headaches rated at 8 out of 10 without medications and 4 out of 10 on the pain scale with medications. Since the interlaminar epidural steroid injection on 06-03-2015, the injured worker reported fewer medications, no sleep interruptions with headaches and increased activity for approximately 6 weeks with return of symptoms and difficulty sleeping. Examination of the cervical spine demonstrated tenderness over the cervical paraspinal muscles and cervical facet joints. Cervical spine range of motion was decreased in all planes. Spurling's was positive on the right. Deep tendon reflexes and motor strength of the bilateral upper extremity were intact. Decreased sensation to pinprick at C5 and C6 dermatome distribution was noted. The right shoulder examination demonstrated tenderness over the acromioclavicular joint with crepitation and decreased range of motion. Neer's and Hawkins tests were positive. There was no gross instability noted. Rotator cuff strength was decreased at 4 out of 5 at the supraspinatus, right internal and right external rotators. Cervical spine magnetic resonance imaging (MRI) in 10-2014 revealed "multi-level disc osteophytes causing mild spinal central canal stenosis" and Electromyography (EMG) Nerve Conduction Velocity (NCV) studies (no date documented)

noted "bilateral C5 chronic radiculopathy" as interpreted within the progress note dated 10-15-2015. Prior treatments have included diagnostic testing, interlaminar epidural steroid injection on 06-03-2015 and medications. Current medications were listed as Norco, Fioricet, Flexeril (since at least 06-2015) and Rozerem. The injured worker tried Trazodone but Rozerem worked better for her. Treatment plan consists of right shoulder arthroscopy and the current request for C6-7 Interlaminar epidural steroid injection (ESI) with moderate sedation and fluoroscopic guidance, Flexeril 7.5mg #60 and Rozerem 8mg #30 with 2 refills. On 10-29-2015 the Utilization Review determined the requests for C6-7 Interlaminar epidural steroid injection (ESI) with moderate sedation and fluoroscopic guidance, Flexeril 7.5mg #60 and Rozerem 8mg #30 with 2 refills were not medically necessary.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**C6-7 Interlaminar epidural steroid injection (ESI) with moderate sedation and fluoroscopic guidance:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper back chapter under Epidural steroid injections (ESIs).

**Decision rationale:** The 50-year-old patient complains of neck pain, shoulder pain, mid back pain, and headaches, as per progress report dated 10/15/15. The request is for C6-7 INTERLAMINAR EPIDURAL STEROID INJECTION (ESI) WITH MODERATE SEDATION AND FLUOROSCOPIC GUIDANCE. The RFA for this case is dated 10/21/15, and the patient's date of injury is 09/08/10. Diagnoses, as per progress report dated 10/15/15, included chronic pain syndrome, cervical disc bulge, cervical radiculopathy, cervical spondylosis, headaches/ migraine, right rotator cuff tendinitis, AC joint arthritis, and shoulder impingement syndrome. The patient has been authorized for a right shoulder arthroscopy. Medications included Cyclobenzaprine, Fioricet, Trazodone, Gildess, and Norco. MRI of the cervical spine, dated 10/29/14, revealed mild spinal central canal stenosis and EMG/NCS revealed bilateral chronic C5 radiculopathy. The patient is off work, as per progress report dated 10/15/15. The MTUS Guidelines has the following regarding ESI under Epidural Steroid Injections (ESIs) section page 46 and 47, "Recommended as an option for treatment of radicular pain." MTUS has the following criteria regarding ESI's, under its chronic pain section: Page 46, 47 "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." For repeat ESI, MTUS states, "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." ODG guidelines, Neck and Upper back chapter under Epidural steroid injections (ESIs) state: Not recommended based on recent evidence, given the serious risks of this procedure in the cervical region, and the lack of quality evidence for sustained benefit. These had been

recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), with specific criteria for use below. In a previous Cochrane review, there was only one study that reported improvement in pain and function at four weeks and also one year in individuals with radiating chronic neck pain. In progress report dated 10/15/15, the treater states that the patient received a C6-7 epidural steroid injection on 06/03/15. The injection helped for 6 weeks. The patient was "able to drive by herself and complete housework. She was able to take much less medications. Her sleep was not interrupted by early morning headaches." As per progress report dated 07/16/15, after the epidural steroid injection, the patient reported "85% of the pain reduction in her neck and 95% of the pain reduction in her arms." The patient's pain has, however, returned. Given the patient has "great response," the treater is requesting a repeat injection to "reduce the patient's radicular and discogenic pain and improve function." MTUS supports the use of repeat injections with "objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks." Hence, the request appears reasonable and IS medically necessary.

**Flexeril 7.5mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** The 50-year-old patient complains of neck pain, shoulder pain, mid back pain, and headaches, as per progress report dated 10/15/15. The request is for FLEXERIL 7.5mg #60. The RFA for this case is dated 10/21/15, and the patient's date of injury is 09/08/10. Diagnoses, as per progress report dated 10/15/15, included chronic pain syndrome, cervical disc bulge, cervical radiculopathy, cervical spondylosis, headaches/migraine, right rotator cuff tendinitis, AC joint arthritis, and shoulder impingement syndrome. The patient has been authorized for a right shoulder arthroscopy. Medications included Cyclobenzaprine, Fioricet, Trazodone, Gildess, and Norco. MRI of the cervical spine, dated 10/29/14, revealed mild spinal central canal stenosis and EMG/NCS revealed bilateral chronic C5 radiculopathy. The patient is off work, as per progress report dated 10/15/15. MTUS Chronic Pain Medical Treatment Guidelines 2009, pg 63-66 and Muscle Relaxants section, state: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy. MTUS, Chronic Pain Medication Guidelines 2009, Muscle Relaxants, page 63-66: "Carisoprodol (Soma, Soprodon 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects. In this case, Cyclobenzaprine is first noted in progress report dated 05/15/15. It is not clear when the muscle relaxant was initiated. As per progress report dated 10/15/15, the "current medications regimen is working well." The treater, however, did not document the impact of Cyclobenzaprine specifically on the patient's pain and function.

Additionally, MTUS does not support long-term use of muscle relaxants beyond a 2 to 3 week period. Hence, the request for # 60 IS NOT medically necessary.

**Rozerem 8mg #30 with 2 refills:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter under Insomnia treatment.

**Decision rationale:** The 50 year old patient complains of neck pain, shoulder pain, mid back pain, and headaches, as per progress report dated 10/15/15. The request is for ROZEREM 8mg #30 WITH 2 REFILLS. The RFA for this case is dated 10/21/15, and the patient's date of injury is 09/08/10. Diagnoses, as per progress report dated 10/15/15, included chronic pain syndrome, cervical disc bulge, cervical radiculopathy, cervical spondylosis, headaches/migraine, right rotator cuff tendinitis, AC joint arthritis, and shoulder impingement syndrome. The patient has been authorized for a right shoulder arthroscopy. Medications included Cyclobenzaprine, Fioricet, Trazodone, Gildess, and Norco. MRI of the cervical spine, dated 10/29/14, revealed mild spinal central canal stenosis and EMG/NCS revealed bilateral chronic C5 radiculopathy. The patient is off work, as per progress report dated 10/15/15. The ODG guidelines, Pain chapter under Insomnia treatment: (3) Melatonin-receptor agonist: Ramelteon (Rozerem) is a selective melatonin agonist (MT1 and MT2) indicated for difficulty with sleep onset; is nonscheduled (has been shown to have no abuse potential). One systematic review concluded that there is evidence to support the short-term and long-term use of Ramelteon to decrease sleep latency; however, total sleep time has not been improved. In this case, Rozerem is only noted in progress report dated 10/15/15. In the report, the treater states that the patient "tried Trazodone for sleep, but it did not help. She tried Rozerem in the past and it helped better." Melatonin is supported by ODG for sleep disorders and pain treatment. Given the patient's sleep issues, chronic pain, and prior efficacy of Rozerem, the request appears reasonable and IS medically necessary.