

<b>Case Number:</b>	CM15-0031524		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	09/18/2012
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	01/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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: Arizona, Michigan

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 36 year old male who sustained a work related injury September 18, 2012. Past history includes s/p cervical fusion C5-6, 8/27/2013. According to a treating physician's progress report date November 17, 2014, the injured worker presented with continued neck pain, new upper back pain and continued numbness and tingling in the hands. There is tenderness to palpation in the cervical paraspinal and T2-4 region. There is 5/5 strength noted upper extremities except with left elbow flexion/extension at 4+/5. Diagnoses included sprain of neck, sprain lumbar region and brachial neuritis not otherwise specified, cervical radiculopathy. Treatment plan included refill medications, continued use of cervical pillow and TENS unit, awaiting authorization for acupuncture and injection and return to clinic for follow-up in 4 weeks. According to utilization review dated January 19, 2015, the request for Ambien 5mg #30 has been modified to Ambien 5mg #30 for one month only, citing Official Disability Guidelines (ODG). The request for Percocet 10/325mg #150 has been modified to Percocet 10/325mg #150 one month only, MTUS Chronic Pain Medical Treatment Guidelines. The request for Dilaudid 2mg #20 has been modified to Dilaudid 2mg #20 for one month only, citing MTUS Chronic Pain Medical Treatment Guidelines. The request for Cervical ESI with Light Sedation at C7-T1 is non-certified, citing MTUS Chronic Pain Medical Treatment Guidelines, ACOEM and Official Disability Guidelines (ODG).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 5 mg #30: 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), Pain (Acute & Chronic), Procedure Summary, Zolpidem (Ambien).

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

**Decision rationale:** The MTUS/ACOEM did not specifically address the use of Ambien (zolpidem) therefore other guidelines were consulted. Per the ODG Zolpidem is a prescription short-acting non benzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. However a review of the injured workers medical records demonstrate that he is benefiting from the use of this medication and the continued use of ambien 5 mg # 30 is medically necessary and appropriate.

**Percocet 10/325mg #150: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96 (78, 95).

**Decision rationale:** Per the MTUS, Opioids should be continued if the patient has returned to work or has improved functioning and pain. Ongoing management should follow the 4 A's of analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. Long term users of opioids should be regularly reassessed. Also, patients who receive opioid therapy may sometimes develop unexpected changes in their response to opioids, which includes development of abnormal pain, change in pain pattern, persistence of pain at higher levels than expected. When this happens opioids can actually increase rather than decrease sensitivity to noxious stimuli. It is important to note that a decrease in opioid efficacy should not always be treated by increasing the dose or adding other opioids, but may actually require weaning. In the injured workers medical records that are available to me, there is adequate documentation to support the criteria for ongoing management of opioids and the injured worker appears to be having a satisfactory response to opioids therefore the request for Percocet 10/325mg #150 is medically necessary.

**Dilaudid 2 mg #20: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Dilaudid, Therapeutic trial of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96 (78, 95).

**Decision rationale:** Per the MTUS, Opioids should be continued if the patient has returned to work or has improved functioning and pain. Ongoing management should follow the 4 A's of analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. Long term users of opioids should be regularly reassessed. Also, patients who receive opioid therapy may sometimes develop unexpected changes in their response to opioids, which includes development of abnormal pain, change in pain pattern, persistence of pain at higher levels than expected. When this happens opioids can actually increase rather than decrease sensitivity to noxious stimuli. It is important to note that a decrease in opioid efficacy should not always be treated by increasing the dose or adding other opioids, but may actually require weaning. In the injured workers medical records that are available to me, there is adequate documentation to support the criteria for ongoing management of opioids and the injured worker appears to be having a satisfactory response to opioids therefore the request for Dilaudid 2 mg #20 is medically necessary.

**Cervical ESI with light sedation C7-T1:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) Epidural steroid injection (ESI).

**Decision rationale:** Per the MTUS and ODG, Epidural Steroid Injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The purpose of ESI is to reduce pain and inflammation, thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Criteria for use 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 only be offered if there is at least 50% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. (8) Repeat injections should be based on continued objective documented pain and

function response. (9) 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. (10) It is currently not recommended to perform epidural blocks on the same day of treatment as facet blocks or stellate ganglion blocks or sympathetic blocks or trigger point injections as this may lead to improper diagnosis or unnecessary treatment. (11) Cervical and lumbar epidural steroid injection should not be performed on the same day. A review of the injured workers medical records show that he is having persistent cervical radiculopathy and will benefit from Cervical ESI with light sedation to C7-T1 therefore the request is medically necessary and appropriate.