

<b>Case Number:</b>	CM15-0037878		
<b>Date Assigned:</b>	03/06/2015	<b>Date of Injury:</b>	10/16/2012
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	01/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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 48 year old female, who sustained an industrial injury on October 16, 2012. She was reported to have cervical strain. The diagnoses have included cervical disc degeneration, fasciitis not otherwise specified and cervical disc displacement without myelopathy. Treatment to date has included injections, chiropractic treatment, diagnostic studies and medications. On February 25, 2015, the injured worker complained of reduced cervical pain and spasming by more than 50% since her trigger point injections until recently. She continues to have pain in the neck area. She has been using Naproxen medication and it has been providing greater than 50% pain relief. With the medication she is able to function and go to work. On January 30, 2015, Utilization Review non-certified left C6-7 transforaminal epidural steroid injection under fluoroscopic guidance and moderate sedation, Naprosyn 500mg #60 and Cyclobenzaprine 10mg #90, noting the CA MTUS Guidelines. On February 27, 2015, the injured worker submitted an application for Independent Medical Review for review of left C6-7 transforaminal epidural steroid injection under fluoroscopic guidance and moderate sedation, Naprosyn 500mg #60 and Cyclobenzaprine 10mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Left C6-7 transforaminal epidural steroid injection under fluoroscopic guidance and moderate sedation: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): s 46-47.

**Decision rationale:** This patient presents with cervical pain that radiates into the left arm and hand with weakness in the arm. The current request is for 1 LEFT C6-7 TRANSFORAMINAL EPIDURAL STERIOD INJECTION UNDER FLUOROSCOPIC GUIDANCE AND MODERATE SEDATION. The MTUS Guidelines has the following regarding epidural steroid injection under the chronic pain section pages 46 and 47, "Recommended as an option for treatment of radicular pain, to find this pain in the dermatomal distribution or corroborated findings of radiating symptoms." For repeat injections during therapeutic phase, "Continued objective documented pain and functional improvement includes at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks with a general recommendation of no more than 4 blocks per year." MRI of the cervical spine dated 9/4/14 revealed at the C6-7 level "no central or forminal stenosis. "The treating physician states that the patient has had a prior cervical epidural injection in February 2014 with "greater than 50% pain relief x2 months with improved function." In this case, the patient presents with neck pain with radicular symptoms but the MRI of the cervical spine does not corroborate the patient's radicular symptoms. MTUS further states that "there is insufficient evidence to make any recommendation for the use of epidural steroid injection to treat radicular cervical spine pain." The requested cervical epidural steroid injection IS NOT medically necessary.

**Naprosyn 500mg #60: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Medications for chronic pain Page(s): s 22 and 60.

**Decision rationale:** This patient presents with cervical pain that radiates into the left arm and hand with weakness in the arm. The current request is for NAPROSYN 500MG #60. MTUS Chronic Pain Medical Treatment Guidelines, pg. 22 for Anti-inflammatory medications states: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs NSAIDs in chronic LBP and of antidepressants in chronic LBP. The medical records indicate that the patient has been utilizing Naprosyn since 1/14/13. The treating physician states that Naproxen "is providing greater than 50% pain relief compared to not taking it." When she does not take Naproxen her pain levels are 10/10. She is able to function and

continue work with medications. Given the patients continued pain and the medications efficacy, the request IS medically necessary.

**Cyclobenzaprine 10mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): s 63-66.

**Decision rationale:** This patient presents with cervical pain that radiates into the left arm and hand with weakness in the arm. The current request is for CYCLOBENZAPRINE 10MG #90. The MTUS Guidelines page 63-66 states, "muscle relaxants, for pain: Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are Carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite the popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions." The patient has been utilizing Cyclobenzaprine since at least February of 2014. MTUS Guidelines supports the use of cyclobenzaprine for short course of therapy, not longer than 2 to 3 weeks. This request IS NOT medically necessary.