

Case Number:	CM15-0043471		
Date Assigned:	03/13/2015	Date of Injury:	11/18/1999
Decision Date:	04/23/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/09/2015

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 51-year-old male, who sustained an industrial injury on 11/18/1999. The mechanism of injury was not noted. The injured worker was diagnosed as having cervical disc displacement and cervical herniated nucleus pulposus. Treatment to date has included surgical (right shoulder, unspecified) and conservative measures. A magnetic resonance imaging study of the cervical spine, performed on 8/08/2014, was referenced in PR2 reports as showing straightening of cervical lordosis, with degenerative disc disease, and with C3-4, C4-5 mild to moderate, and C5-6 mild canal stenosis. Neural foraminal narrowing included C3-4, mild to moderate right. Currently, the injured worker complains of persistent back and neck pain, rated 6-7/10. A right shoulder surgery was pending authorization. He reported neck stiffness and popping and frequent headaches, left greater than right. He reported intermittent numbness and swelling in his arms and hands, right greater than left. Weakness was reported in both hands, left greater than right. He reported occasional spasms in his trapezius regions, radiating to his upper back, and low back spasms. Current medications included Percocet, Flexaril, and capsaicin cream. Medications reduced pain by about 40%. Physical exam of the cervical spine noted decreased range of motion in all planes, tenderness over the right facets, left trapezius spasm, and positive facet joint loading on the right. Decreased sensation was noted along the C5 and C6 dermatomes. Exam of the lumbar spine noted decreased range of motion in all planes, tenderness over the right lumbar facets, positive facet joint loading on the right, and decreased sensation over the right L3 and L4 dermatomes. He reported last cervical epidural injection was

2 years prior, and provided significant relief for over 2 months. Urine drug screening reports were not noted but were documented as consistent.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical interlaminar steroid C4-5, C5-6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for the use of epidural steroid injections.

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

Decision rationale: Based on the 2/4/15 progress report provided by the treating physician, this patient presents with persistent back/neck pain rated 6-7/10 on VAS scale, with a flare-up of pain about 2 weeks ago. The treater has asked for CERVICAL INTERLAMINAR STEROID C4-5, C5-6 on 2/4/15. The patient's diagnosis per Request for Authorization form dated 2/4/15 is cervical HNPs. The patient is s/p two right shoulder surgeries, which helped temporarily, and some postoperative physical therapy. The patient has neck stiffness/popping along with frequent headaches coming from his posterior neck to the top of his head per 2/4/14 report. The patient has throbbing pain in his neck with the headaches, left > right per 2/4/14 report. The patient is using Percocet, Flexeril, and Capsaicin cream which help decrease pain by 40% and allows him to increase his activity level. The patient had a prior cervical epidural steroid injection 2 years ago with "significant relief of his pain for about two months." The patient is to remain off work until modified work is made available per 2/4/15 report. MTUS has the following regarding ESI's, under its chronic pain section: Page 46, 47: "Criteria for the use of Epidural steroid injections: 1. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 3. Injections should be performed using fluoroscopy (live x-ray) for guidance. 8) Current research does not support a "series-of-three" injection in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections." 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. In this case, the treater is requesting a second cervical ESI to be performed at C4-5 and C5-6 levels. Progress report dated 2/4/15 showed "decreased sensation in the right C5-6 dermatomes, with 4+/5 right hand intrinsics, 5-/5 right wrist flexion/extensions, biceps, triceps, and deltoid." A MRI of C-spine dated 8/8/14 showed "straightening of cervical lordosis with degenerative disc disease and with C3-4, C4-5 mild to moderate and C5-6 mild canal stenosis. Neural foraminal narrowing includes C3-4 mild/moderate right neural foraminal narrowing." The patient reported 2 months of "significant improvement" following the last cervical ESI. Exam findings show evidence of decreased sensation along the C4-5 and C5-6 dermatomes. However, functional improvement with medication reductions are not documented following the last ESI. More importantly, no dermatomal distribution of pain down the arms are described with most of the symptoms in the neck. The request is for two level interlaminar ESI

as well with MTUS only supporting single level interlaminar ESI. The request IS NOT medically necessary.

Cyclobenzaprine 7.5 mg #60: 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): 63-66.

Decision rationale: Based on the 2/4/15 progress report provided by the treating physician, this patient presents with persistent back/neck pain rated 6-7/10 on VAS scale, with a flare-up of pain about 2 weeks ago. The treater has asked for CYCLOBENZAPRINE 7.5MG #60 on 2/4/15. The patient's diagnosis per Request for Authorization form dated 2/4/15 is cervical HNPs. The patient is s/p two right shoulder surgeries, which helped temporarily, and some postoperative physical therapy. The patient has neck stiffness/popping along with frequent headaches coming from his posterior neck to the top of his head per 2/4/14 report. The patient has throbbing pain in his neck with the headaches, left > right per 2/4/14 report. The patient is using Percocet, Flexeril, and Capsaicin cream which help decrease pain by 40% and allows him to increase his activity level. The patient is to remain off work until modified work is made available per 2/4/15 report. MTUS pg 63-66 states: "Muscle relaxants (for pain): 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." In this case, Cyclobenzaprine is mentioned in the list of current medications in 5 progress reports dated from 9/10/14 to 2/4/15. The UR letter dated 2/25/15 states that the patient has been using muscle relaxants at least since 9/10/14 report. MTUS, however, recommends only short-term use of muscle relaxants. The patient has been using Cyclobenzaprine twice a day for 6 months per utilization review letter dated 2/25/15. The request is not described as "short-term" as per MTUS guidelines. The request IS NOT medically necessary.