

<b>Case Number:</b>	CM15-0051922		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	07/29/2013
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2015

### 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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 49 year old female, who sustained an industrial injury on 07/29/2013. She has reported subsequent neck and back pain and was diagnosed with cervical and lumbar disc degeneration, cervical and lumbar radiculopathy and lumbar facet arthropathy. Treatment to date has included oral pain medication and transforaminal epidural steroid injection. The last cervical epidural injection resulted in greater than 50% pain relief for more than 3 months. In a progress note dated 02/10/2015, the injured worker complained of neck, low back, upper and lower extremity pain. The pain score was noted as 7-9/10 on a scale of 0 to 10. Objective findings were notable for spasm of the cervical and lumbar paraspinal muscles and trapezius muscles, tenderness to palpation of the cervical and lumbar paravertebral areas, myofascial trigger points with twitch response in the trapezius muscles bilaterally, levator muscles and rhomboids and pain with range of motion of the cervical and lumbar spine. There was decreased sensation of C4 to C6 dermatomes. The medications listed are duloxetine, gabapentin, naproxen, Norco, pantoprazole, Prozac, Lidoderm and Celebrex. It is unclear which medications are currently being utilized as most of the medications are no longer certified by the insurance carrier. A request for authorization of Norco and bilateral C6-C7 cervical epidural steroid injections under fluoroscopy was made.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral C6-7 cervical epidural steroid injection under fluoroscopy:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Neck and Upper Back.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that cervical epidural steroid injections can be utilized for the treatment of cervical radiculopathy when conservative treatments with medications and PT have failed. The records indicate that the patient had subjective, objective and radiological findings consistent with cervical radiculopathy. There is documentation of exacerbation of the neck pain despite medications managements. The past cervical epidural steroid was noted to provide significant pain relief for more than 3 months. The criteria for bilateral C6-C7 cervical epidural steroid injection under fluoroscopy was met. Therefore the request is medically necessary.

**Norco 5/325mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74.

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

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of severe pain when standard treatments with NSAIDs and PT have failed. The records indicate that the patient had significant chronic exacerbation of the neck pain following non certification of the neuropathic medications, NSAIDs and opioids. The pain score was rated consistently at 7-9/10. There was no documentation of aberrant behavior or adverse medication effect. The criteria for the use of Norco 5/325mg #60 was met. Therefore the request is medically necessary.