

<b>Case Number:</b>	CM14-0117250		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	02/13/2002
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	07/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 49 years old female with an injury date on 02/13/2002. Based on the 03/03/2014 progress report provided by [REDACTED], the diagnoses are: 1. Lumbar spine radiculitis 2. Lumbar disc displacement 3. Cervical spine radiculitis 4. Right upper extremity CRPS According to this report, the patient complains of left sided neck pain that is persistent with radiation to upper extremities. Medications help with no side effects. Patient is using massage therapy to improve muscle spasm; however, "her last massage therapy was 03/20/2012." The patient tried doing light house work. Physical exam reveals tenderness to palpation over the cervical paravertebral musculature. Positive Spurling's sign was noted. Decreased sensation in the C5-C6 dermatomes was noted. CURES on 11/20/2013 were consistent. The 04/18/2014 reports indicates the pain is aggravated by coughing or sneezing; sitting in a chair, bending forward to brush her teeth, and walking. The patient score 22 on the PHQ-9, 20 on the GAD-7 and a 0 on all the 3 scales of the P-3. MRI of the cervical spine on 05/27/2014 reveals 3-4mm posterior and right intraforaminal C6-C7 disc protrusion; 2-3mm posterior C5-C6 disc protrusion and accompanying osteophytes; mild to moderate spondylosis C5-C6 and C6C7; and 2 mm posterior C4-C5 disc protrusion is noted without neurological impingement. There were no other significant findings noted on this report. The utilization review denied the request on 07/10/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 03/03/2014 to 05/27/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Soma (Carisoprodol).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 64.

**Decision rationale:** According to the 03/03/2014 report by [REDACTED] this patient presents with left sided neck pain that is persistent with radiation to the upper extremities. The treater is requesting Soma 350 mg #90. For muscle relaxants for pain, the MTUS Guidelines page 63 state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. However, the treater is requesting Soma #90; Soma is not recommended for long term use. The treater does not mention that this is for a short-term use. Therefore, recommendation is not medically necessary.

**Epidural Injection at C6-7: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46,47.

**Decision rationale:** According to the 03/03/2014 report by [REDACTED] this patient presents with left sided neck pain that is persistent with radiation to the upper extremities. The treater is requesting Epidural injection at C6-7. Regarding ESI, MTUS guidelines states "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." Review of reports do not mentions of other epidural steroid injections being done in the past. In this case, the patient has left sided with radiation into both arms. Exam was positive for spurling's and sensory deficits at C5-6. MRI showed right sided intraforaminal disc C6-7 measuring 3-4mm. MRI findings and the patient's symptoms/exam do not appear to correlate. The patient does not present with C7 root pain on the right side neither by symptom location nor exam findings. Neck pain that radiates to the upper extremities. Exam finding were positive for radiculopathy. MRI of C-spine shows that the patient had a 3-4mm intraforaminal disc protrusion at C6-C7. MTUS states, "there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." The request is not medically necessary.

**Norco 10/325mg #120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines .Use of Opioids in musculoskeletal pain. Page(s): 60 61.

**Decision rationale:** According to the 03/03/2014 report by [REDACTED] this patient presents with left sided neck pain that is persistent with radiation to the upper extremities. The treater is requesting Norco 10/325 mg #120. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Norco was first mentioned in the 03/03/2014 report; it is unknown exactly when the patient initially started taking this medication. In this case, the reports discussed some of the patient's ADL's and mentioned the CURES were consistent. However, none of the reports show documentation of pain assessment using a numerical scale describing the patient's pain and function. No outcome measures are provided. No return to work is discussed. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in MTUS Guidelines. Therefore, the request is not medically necessary.

**6 Massage therapy sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy.

**Decision rationale:** According to the 03/03/2014 report by [REDACTED] this patient presents with left sided neck pain that is persistent with radiation to the upper extremities. The treater is requesting 6 sessions of massage therapy. The utilization review denial letter states "The patient was recently approved 6 massage therapy sessions in review 1082523." Time-frame for this therapy treatment is unknown. For massage therapy, the MTUS guideline page 60, "recommended as an option as indicated below. This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases." In this case, review of records show the patient "last massage therapy was 03/20/2012," with the documentation not provided. MTUS page 8 requires that the treater provide monitoring of the patient's progress and make appropriate recommendations. The request is not medically necessary.

**Ibuprofen 600mg #90:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Medications for chronic pain Page(s): 60, 61.

**Decision rationale:** According to the 03/03/2014 report by [REDACTED] this patient presents with left sided neck pain that is persistent with radiation to the upper extremities. The treater is requesting Ibuprofen 600mg #90. The MTUS Guidelines pages 60 and 61 reveal the following regarding NSAID's, "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." Ibuprofen was first mentioned in the 03/03/2014 report; it is unknown exactly when the patient initially started taking this medication. The report indicates "Medications help with no side effects." The request Ibuprofen appears reasonable and consistent with MTUS guidelines. The request is medically necessary.