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| <b>Case Number:</b>   | CM14-0124523 |                              |            |
| <b>Date Assigned:</b> | 08/08/2014   | <b>Date of Injury:</b>       | 03/03/2004 |
| <b>Decision Date:</b> | 10/09/2014   | <b>UR Denial Date:</b>       | 07/14/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/06/2014 |

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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:

██████████ is a 57-year-old woman who sustained a work related injury on March 3, 2004. Subsequently, she developed chronic neck and back pain. The patient underwent bilateral sacroiliac joint injection on October 14, 2013: she reports more than 50% ongoing relief 2 weeks post-procedure. Left lumbar epidural steroid injection L4-5, L5-S1 on November 6, 2013: she reports significant improvement of low back pain; right lumbar Epidural Steroid Injection L4-5, L5-S1 on November 27, 2013: she reports significant improvement of low back pain. Cervical Epidural Steroid Injection on January 22, 2014: she reports 25% ongoing relief up to 2 weeks post-procedure. According to the progress report dated June 25, 2014, the patient's discomfort is in the cervical spine and in the lumbar spine. The patient rates her pain as 7/10. Her symptoms have increased since her last visit. The pain increases with standing/walking, sitting, neck movements, and lying bending. The pain decreases with medications and rest. An MRI of the cervical spine dated October 10, 2013 showed central stenosis and resulting mild spinal cord compression at C5-6, moderate central stenosis and spinal cord flattening at C6-7, C7-T1. Her physical examination revealed cervical tenderness with reduced range of motion and normal neurological examination. Negative Hoffman's reflex. Prior treatments included Chiropractic Therapy, Acupuncture Therapy, Orthotic Brace, and Medications. According to a note April 28 2014, the patient underwent an epidural injection on January 22 2014 with 25% pain reduction over 2 weeks. The patient was diagnosed with neck pain, lumbar sprain, and thoracic sprain. The provider requested authorization for Surgical Evaluation of Cervical Spine, Repeat Cervical Epidural Steroid Injection, and Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Surgical Evaluation of Cervical Spine: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs, early intervention Page(s): 32-33.

**Decision rationale:** According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a pain management evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. The provider did not give a justification for this consultation. The patient neurological examination including the examination of both upper extremities and the cervical spine was not focal. There are no red flags related to the cervical spine. There is no documentation of the reasons, the specific goals and end point for this consultation. Therefore, the request for Surgical Evaluation of Cervical Spine is not medically necessary.

**Repeat Cervical Epidural Steroid Injection: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Epidural Steroid Inject.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neck and Upper back pain, Page(s): 173, 309.

**Decision rationale:** According to MTUS guidelines, cervical epidural corticosteroid injections are of uncertain benefit and should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. Epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit; however there is no significant long term benefit or reduction for the need of surgery. Furthermore, the patient file does not document that the patient is candidate for surgery. In addition, there is no clinical and objective documentation of radiculopathy. There is no significant improvement with a previous cervical epidural injection. MTUS guidelines do not recommend epidural injections for neck pain without radiculopathy (309). Therefore, the request for Repeat Cervical Epidural Steroid Injection is not medically necessary.

**Norco 10/325mg #140: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; regarding Opioids for C.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids, Page(s): 76-79.

**Decision rationale:** According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. According to the patient file, she continued to have severe pain despite the use of Norco. There is no objective documentation of pain and functional improvement to justify continuous use of Norco in this patient. Therefore, the prescription of Norco 10/325MG #140 is not medically necessary.