

<b>Case Number:</b>	CM14-0136647		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	05/19/2008
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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, and is licensed to practice in Nevada. 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 records presented for review indicate that this 54 year-old male was reportedly injured on May 19, 2008. The most recent progress note, dated June 18, 2014, indicates that there were ongoing complaints of abdominal pain, decreasing symptomology associated with a change in diet, and there are subjective complaints of diarrhea/constipation. Also noted is left shoulder pain and right shoulder pain. The physical examination demonstrated a normotensive (109/69) individual who is 5'11" and 201 pounds. Diagnostic imaging studies objectified an annular tear and L5/S1, a disc protrusion at L4/L5, with facet arthropathy. Previous treatment includes cervical fusion surgery, psychiatric intervention, multiple medications, and treating the gastrointestinal dysfunction. A request had been made for cervical epidural steroid injections, Urine toxicology screen, Tramadol ER 150mg #60, Medrol dose pack, and Motrin 800mg #60 and was not certified in the pre-authorization process on August 1, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Left transfacet Epidural steroid injection at C5-C6: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment for Workers Compensation, online edition, Chapter neck - Epidural steroid injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 46 of 127..

**Decision rationale:** As outlined in the MTUS, there is support for epidural steroid injections, however, radiculopathy must be documented and cooperated on imaging studies. There is no objective occasion of a verifiable radiculopathy on electrodiagnostic studies noted as a physical examination presented support evidence of a radiculopathy. Therefore, based on the clinical information presented for review tempered by the parameters noted in the MTUS this is not clinically indicated.

**Urine toxicology screen:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) criteria for use of opioids, page 78

**Decision rationale:** As noted in the MTUS, there is support for the use of drug screening as part of ongoing chronic opioid management protocol. However, there needs to be issues discussed relative to abuse potential, drug escalation, illicit drug use, intoxication or drug diversion. Seeing none, there is no data presented to support the clinical indication or medical necessity of such an evaluation.

**Tramadol ER 150mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 82, 113 of 127.

**Decision rationale:** As outlined in the MTUS, this is a centrally acting synthetic opioid analgesic which is not recommended for first-line therapy. Furthermore, the lowest possible dose that allows for a decrease in pain and increase in overall functionality should be employed. There is insufficient clinical information presented in the progress note supporting that this medication has demonstrated any efficacy or utility whatsoever. Therefore, there is insufficient clinical information presented to support this request.

**Medrol dose pack:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Online version, Pain Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, updated October, 2014

**Decision rationale:** It is noted that the ACOEM and MTUS do not address this particular application. Furthermore, as outlined in the ODG oral corticosteroids are not recommended for chronic pain. There is no data on the efficacy or safety of these of systemic corticosteroids in addressing a chronic pain situation. As such, there is insufficient clinical data presented support this request this is not medically necessary.

**Motrin 800mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009): Page(s): 22 of 127..

**Decision rationale:** This medication is a non-steroidal anti-inflammatory preparation which has some indication for chronic low back pain. However, when noting the date of injury, the injury sustained, and the minimal progress notes there is no clear clinical indication for the continued use of this medication. Therefore, until there is a conference the clinical assessment that identifies the efficacy of this preparation is no basis to support the continued use.