

<b>Case Number:</b>	CM14-0155728		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	05/13/1994
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 63 year old female with a work injury dated 5/13/94. The diagnoses include cervical spine sprain/strain syndrome; cervical radiculopathy; lumbar spine sprain/strain syndrome; lumbar radiculopathy; fibromyalgia; narcotic dependency. Under consideration is a request for pain management follow up for three (3) months and treatment based on outcome of follow-up; Dilaudid 4mg #120, refill until authorization for Suboxone treatment; cervical epidural steroid injection; physical therapy one to two (1-2) a week for six (6) weeks. There is a pain management physician report dated 8/11/14 that states that the patient returns with complaints of ongoing pain and discomfort in the neck that radiates down to the forearm, hand, and fingers. The symptoms are increased by twisting, turning, extending, flexing the neck. The patient has loss of memory and difficulty thinking. Patient is also complaining of constant severe low back pain that radiates down to the tight thigh, leg, and foot. The patient avoids strenuous lifting, carrying, pulling, pushing, stooping, and bending because of lack of condition. The patient states that though there is improvement, the pain relief is not adequate to improve functionality and decrease the use of pain medication. Although medication does help relieve pain it is not curative. The objective findings were paraspinal muscle tenderness to palpation; restricted and painful ranges of motion; decreased sensation to light touch, cervical spine; unable to perform heel and toe-walk; loss of lumbar lordosis; tenderness to palpation, lumbar spine; restricted and painful range of motion, lumbar spine; positive sciatic and femoral tension signs, bilaterally. MRI scan of the cervical spine shows bilateral neuroforaminal stenosis and disk bulges at C4-C5, C5-C6, and C6-C7 levels. MRI scan of the lumbar spine shows mild disk protrusion at L1-L2 level. The treatment plan includes that the provider will stop tapering off her Dilaudid medications over time and switch her to Suboxone. He requests authorization for

change to Suboxone and a request for an authorization for a cervical epidural steroid injection at the C4-C5, C5-C6, and C6-C7 levels to alleviate her symptoms. Physical therapy is requested as well.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Pain management follow up for three (3) months and treatment based on outcome of follow-up:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- Pain Chapter, Office Visits

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic), Office visits

**Decision rationale:** The MTUS states that modification of pain management depends on the physician's evaluation of progress toward treatment objectives. If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities. The ODG recommends office visits as medically necessary and states that the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The documentation is not clear on why 3 months of treatment and follow up are necessary rather than a one month follow up and a decision for treatment based on outcome made at that visit. The request for pain management follow up for three (3) months and treatment based on outcome of follow-up is not medically necessary.

**Dilaudid 4mg #120, refill until authorization for Suboxone treatment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

**Decision rationale:** The documentation submitted is not clear on patient's ongoing review and documentation of pain relief, functional status and on-going medication management or treatment plan. This would include appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. There is no indication that the medication has improved patient's pain or functioning to a significant degree therefore Dilaudid is not medically necessary. Additionally, the provider indicates he would like the patient to discontinue her Dilaudid taper and switch to

Suboxone. The request for Dilaudid 4mg #120 refill until authorization for Suboxone treatment is not medically necessary.

**Cervical epidural steroid injection: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESIs (epidural steroid injection).

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

**Decision rationale:** The MTUS guidelines recommend epidural steroid injections as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The patient's physical exam does not have a dermatomal specific distribution of pain with corroborative findings of radiculopathy. Additionally, the request as written does not indicate a laterality, quantity, or level. The request for cervical epidural steroid injection is not medically necessary.

**Physical therapy one to two (1-2) a week for six (6) weeks: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

**Decision rationale:** The MTUS guidelines recommend up to 10 visits for this condition. The request which is written as up to 2 visits for 6 weeks exceeds this recommendation. Furthermore, the patient has had prior physical therapy without significant evidence of functional improvement. The request for Physical therapy one to two (1-2) a week for six (6) weeks is not medically necessary.