

<b>Case Number:</b>	CM14-0092277		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	11/09/2007
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	06/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2014

### 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 & 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 59-year-old female was reportedly injured on 11/9/2007. The most recent progress note, dated 8/5/2014, indicated that there were ongoing complaints of neck pain with radiation to the left upper extremity. Physical examination demonstrated cervical paraspinal muscle tenderness and spasm at C6-C7, decreased strength LUE with grip 3+/5 on left and grip 4+/5 on right, decreased sensation over left C5 and C6, reflexes were left biceps 1+ and right biceps 2+; positive Spurling's test on the left with radiating pain down the left 3rd and 4th fingers and normal gait. MRI of the cervical spine, dated 2/26/2014, demonstrated straightening of the cervical spine, disk desiccation C2-C7 and several disk protrusions at C4-C5 and C5-C6 and C6/7, with reduced disk height and bilateral foraminal stenosis at C6-C7. Diagnoses were degenerations of cervical intervertebral disk and cervical radiculopathy. Previous treatment included cervical epidural steroid injections, physical therapy, chiropractic treatment, acupuncture, TENS unit and medications to include Tizanidine, Promolaxin, Topamax, Oxycodone and Tramadol. In addition, cervical spine surgery has been recommended; however, the patient did not want to proceed with surgery at this time. A request had been made for a cervical epidural steroid injection, Promolaxin 100 mg #200 and Tramadol 50 mg #240, which were not certified in the utilization review on 6/2/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Epidural Steroid Injection-Cervical:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESIs) Page(s): 49.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46 of 127..

**Decision rationale:** MTUS treatment guidelines support epidural steroid injections when radiculopathy is documented on physical examination and corroborated by imaging and electrodiagnostic studies in individuals who have not improved with conservative care. The chronic pain treatment guidelines allow for repeat blocks if > 50% pain relief with associated reduction, and medication use for 6 to 8 weeks, and no more than 4 injections per region per year. Based on the clinical documentation provided, and considering the criteria for the use of epidural steroid injections as outlined in the MTUS, there is insufficient clinical evidence presented that the proposed procedure meets the MTUS guidelines. Specifically, there is no documentation of electrodiagnostic studies confirming the diagnosis of cervical radiculopathy or reduction of medication. As such, the requested procedure is not considered medically necessary.

**Promolaxin 100mg #200:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <http://www.drug.com/ppa/docusate.html>

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88.

**Decision rationale:** Promolaxin (docusate) is a stool softener, which is useful for the treatment of constipation. Review of the available medical records documents the use of opioids; however, there is no documentation of constipation side effects. Therefore, there is no clinical indication for this medication. Colace is available as a generic formulation and it is available over-the-counter without a prescription. The request is not considered medically necessary.

**Tramadol HCL 50mg #240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ultram Page(s): 119.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82, 113 of 127.

**Decision rationale:** MTUS treatment guidelines support the use of Tramadol (Ultram) for short-term treatment of moderate to severe pain, after there has been evidence of failure of a first-line option and documentation of improvement in pain and function with the medication. The claimant suffers from neck pain with radiation to the left upper extremity since a work-related injury in 2007. Review of the available medical record, documents that the claimant is taking

Oxycodone and Tramadol, both of which are short-acting opioids. As such, this request is not considered medically necessary.