

<b>Case Number:</b>	CM14-0151450		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	12/06/1985
<b>Decision Date:</b>	03/04/2015	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 61-year-old male with date of injury of 12/06/1980. The listed diagnoses per [REDACTED] from 07/18/2014 are: 1. Gastritis due to nonsteroidal antiinflammatory drug. 2. Intercostal neuralgia. 3. Thoracic back pain. 4. Degeneration of the lumbar intervertebral disk. 5. Sleep disorder. 6. Myofascial pain. 7. Cervical neuropathy. 8. Knee pain, bilateral. 9. Lumbar radiculopathy. According to this report, the patient complains of knee pain. The patient had a total knee replacement in 2008. Symptoms include knee pain, swelling, decreased range of motion, instability, and difficulty ambulating. No radiating symptoms were noted. The patient also complains of lumbar spine and cervical spine pain. He reports back pain, lower extremity pain, and back stiffness at the rate of 6/10. The pain radiates to the left leg. The patient describes the pain as sharp, dull, and aching. He currently takes Norco 10/325 three times a day for pain analgesia relief and Amrix 50 mg for muscle relaxation. He states he has been experiencing more gastric reflux symptoms. The patient also reports neck stiffness, neck pain, and paresthesias in the fingertips of both hands. His pain radiates to the left shoulder and right arm including the elbow. He had surgery to the cervical spine with fusion in 2006 and a cervical MRI in April of 2014. His surgical history includes lumbar epidural steroid injection in the bilateral L4-S1 from 2012 and 2013. The examination shows full range of motion in the neck. Neurovascularly intact globally with normal deep tendon reflexes and normal coordination. Pain over the bilateral lumbar facets was noted. Pain with anterior flexion and extension upon range of motion. There is swelling with no erythema of the right knee. Slight temperature difference, warmer to touch when compared to the left knee. Knee extension is limited to active range of

motion by 20 degrees. There is no tenderness to palpation. The documents include an MRI of the cervical spine from 04/28/2014 and a CESI procedure report from 08/05/2014. The utilization review denied the request on 08/22/2014

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

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

**One cervical epidural steroid injection (ESI) with catheter under fluoroscopy:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injection Page(s): 46-47.

**Decision rationale:** This patient presents with knee, lumbar spine, and cervical spine pain. The treater is requesting one cervical epidural steroid injection (ESI) with catheter under fluoroscopy. The MTUS Guidelines page 46 and 47 on epidural steroid injection recommends this as an option for treatment of radicular pain as defined by pain in a dermatomal distribution with corroborative findings in an MRI. In addition, MTUS also states, "there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." The MRI of the cervical spine from 04/28/2014 showed a 2-mm posterior disk osteophyte complex at C3-C4 and C4-C5; moderate left neuroforamen stenosis at C3-C4; Marked left lateral recess and neuroforamen stenosis at C4-C5; Minimal spinal canal stenosis with posterior bony protrusion at C6-C7 level. The 07/18/2014 report notes that the patient has neck stiffness, neck pain, and paresthesias in the fingertips of both hands. Pain radiates to the left shoulder and right arm up to the elbow. The patient had surgery to the cervical spine with fusion in 2006. The examination of the head and neck showed full ROM with normal sensory and motor exam. The treater states that the left shoulder pain is consistent with left C5 radiculopathy and right arm pain with a right C6 radiculopathy. The operative report from 08/05/2014 shows that the patient underwent cervical epidural steroid injection at C7-T1. It appears that the treater went ahead and performed the procedure before the UR denied it on 08/22/2014. In this case, while the patient reports some proximal radiating symptoms in the upper extremities, the examination was normal for any potential nerve root problems. Although MRI showed some potential nerve root issues with foraminal stenosis, a diagnosis of radiculopathy require positive examination findings. Furthermore, MTUS generally does not support ESI's for C-spine. Recommendation is for denial.

**MS Contin 30 mg, thirty count:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines criteria for initiating opioids Page(s): 76-78.

**Decision rationale:** This patient presents with knee, lumbar spine, and cervical spine pain. The treater is requesting MS Contin 30 mg, quantity #30. The MTUS Guidelines page 76 to 78 under criteria for initiating opioids recommend that reasonable alternatives have been tried, considering the patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to state that baseline pain and functional assessment should be provided. Once the criteria has been met a new course of opioids may be tried at this time. The records do not show a history of MS Contin use. However, the patient has been prescribed Norco since 04/14/2014. It appears that the treater is requesting MS Contin in conjunction with the patient's Norco for around the clock pain relief. In this case, a trial of MS Contin is reasonable given the patient's chronic pain symptoms. Recommendation is for authorization.

**Skelaxin 800 mg, ninety count with two refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Metaxalone (Skelaxin) Page(s): 61.

**Decision rationale:** This patient presents with knee, lumbar spine, and cervical spine pain. The treater is requesting Skelaxin 800 mg, quantity #90 with 2 refills. The MTUS Guidelines page 61 states that Skelaxin is "recommended with caution as a second line option for short-term pain relief in patients with chronic low back pain. Metaxalone is a muscle relaxant that is reported to be relatively non-sedating." Long term use of Skelaxin is not recommended per the MTUS Guidelines. The records do not show a history of Skelaxin use. While a trial is reasonable to address the patient's chronic low back pain, the requested quantity exceeds MTUS recommended short-term treatment duration. Recommendation is for denial.