

<b>Case Number:</b>	CM14-0216706		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	08/02/2001
<b>Decision Date:</b>	03/05/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2014

### 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: Orthopedic Surgery, Sports Medicine

### 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 injured worker is a 56-year-old male who reported injury on 08/02/2001. The injured worker underwent application of a cervical plate at C5-6, an ACDF on 11/06/2014. The injured worker's medications were noted to include hydrocodone, tamsulosin, acetaminophen 10/325 mg 1 to 2 tablets 3 times a day, Celebrex 200 mg, carisoprodol 350 mg 4 times a day, zolpidem 10 mg at bedtime, aspirin 81 mg daily, pravastatin 40 mg and hydrochlorothiazide 25 mg, as well as benazepril 40 mg. The injured worker was noted to be a 1 pack a day smoker. The mechanism of injury was noted to be the injured worker had a slip and fall injuring his low back and neck. The injured worker was noted to undergo an EMG and nerve conduction studies, which revealed bilateral chronic C5 radiculopathy on 12/13/2012. The injured worker underwent an MRI of the cervical spine on 02/03/2014, which revealed mild central stenosis at C5-6 with bilateral neural foraminal stenosis. Documentation indicated the injured worker's first visit with the requested specialist was no 10/10/2014. The documentation of 07/08/2014 revealed the injured worker had complaints of low back, neck pain and numbness and tingling in the bilateral hands. The injured worker indicated the pain was more tolerable with current medications. The injured worker was noted to have a right C5-6 interlaminar epidural injection on 06/12/2013 with 50% improvement for 2 weeks and the pain returned to baseline. The injured worker was noted to have surgical history including an L4-S1 disc replacement in 2005 previously. The physical examination revealed decreased range of motion of the cervical spine. The motor strength was 5/5 in the left; in the right it was 5-/5 in the biceps and deltoids, otherwise it was 5/5. The sensation revealed numbness in the right arm. The injured worker's deep tendon reflexes were 1+ in the bilateral

upper extremities. The diagnoses included chronic pain syndrome and cervical radiculitis, as well as cervicgia. The treatment plan included Norco 10 mg 2 tablets 3 times a day times 3 months and the recommendation was to taper off by 1 pill per week, Soma 350 mg one 4 times per day for spasms, Ambien 10 mg 1 at night for insomnia, Celebrex 200 mg #30 for anti-inflammatory, home exercises, repeat C5-6 interlaminar epidural steroid injection and bilateral greater and lesser occipital nerve blocks for headaches, as well as surgical consultation for cervical surgical options.

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

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

**Right C5-6 interlaminar epidural surgery injection: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection. Page(s): 46.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines indicate that repeat epidural steroid injections are appropriate when there is documentation of objective functional benefit, a decrease in medications and a decrease in objective pain of 50% for greater than 6 to 8 weeks. The clinical documentation submitted for review indicated the injured worker had 2 weeks of objective pain relief, as such this request would not be supported. Given the above, the request for right C5-6 interlaminar epidural surgery injection is not medically necessary.

**Bilateral greater occipital nerve block: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, greater occipital nerve block

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Head Chapter, Greater occipital nerve block (GONB)

**Decision rationale:** The Official Disability Guidelines indicate that greater occipital nerve blocks are under study for use in the treatment of primary headaches. The clinical documentation submitted for review failed to provide documentation of the findings related to headaches for the injured worker. Additionally, the request as submitted failed to indicate the quantity of injections being requested. Given the above, the request for bilateral greater occipital nerve block is not medically necessary.

**Surgical Consultation with [REDACTED]: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Introduction. Page(s): 1.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines indicate upon ruling out a potentially serious condition, conservative management. If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. The clinical documentation submitted for review indicated the injured worker had objective findings upon physical examination and electrodiagnostics. However, there was a lack of documentation the injured worker had failed conservative care. As such, the request would not be supported. The request, as submitted, failed to indicate the specialty consultation that was being requested. Given the above, the request for surgical consultation with [REDACTED] is not medically necessary.

**Norco 10mg TID PRN 3150 x 3 months:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing. Page(s): 60,78,86.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement and objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to provide documentation the injured worker was being monitored for aberrant drug behavior and side effects. Additionally, there was a lack of documentation of objective pain relief and an objective improvement in function. The request, as submitted, failed to indicate the meaning of "3150 x 3" months in the request. Given the above, the request for Norco 10 mg 3 times a day as needed "3150 x 3 months" is medically necessary. Additionally, there was a lack of documentation indicating a necessity for 3 months of medication.

**Soma 350mg four times per day #120 x 3months:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Page(s): 63.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low

back pain. Their use is recommended for less than 3 weeks. The clinical documentation submitted for review failed to provide documentation of objective functional improvement and exceptional circumstances. There was a lack of documentation indicating a necessity for a 3 month supply of the requested medication. Given the above and the lack of documentation, the request for Soma 350 mg 4 times per day #120 x3 months is not medically necessary.

**Ambien generic 10mg at night PRN #30 x 3months:** Upheld

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

**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, Zolpidem.

**Decision rationale:** The Official Disability Guidelines indicate that zolpidem is recommended for the short term treatment of insomnia. The clinical documentation submitted for review indicated the injured worker had utilized the medication for an extended duration of time. There was a lack of documentation of objective functional benefit that was received. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. The physician documentation failed to indicate a necessity for 3 months of the medication. Given the above, the request for Ambien, generic, 10 mg at night as needed #30 x3 months is not medically necessary.

**Celebrex 200mg daily #30 x 3months:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines indicate that NSAIDs are recommended for the short term symptomatic relief of low back pain. The clinical documentation submitted for review indicated the injured worker had utilized the medication. However, there was a lack of documentation of objective functional benefit and objective decrease in pain. There was a lack of documentation indicating a necessity for a 3 months' supply. Given the above, the request for Celebrex 200 mg daily #30 x3 months is not medically necessary.