

<b>Case Number:</b>	CM15-0018290		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	01/14/2009
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 65-year-old female, who sustained an industrial injury on 1/14/2009. She is status post left shoulder arthroscopy dated 9/02/2010 and right shoulder arthroscopic post cap release, subacromial decompression and excision of the CA ligament dates 4/02/2013. The diagnoses have included cervicalgia and degeneration of cervical intervertebral disc. Treatment to date has included medications and diagnostic imaging. Magnetic resonance imaging (MRI) of the cervical spine dated 8/4/2011 revealed multilevel disc protrusions with no significant central stenosis or foraminal compromise. Currently, the IW complains of increased right neck pain. The pain is aching and sharp. She also notes weakness in the right upper extremity. The pain is somewhat relieved with NSAIDs but she cannot tolerate long-term use due to hiatal hernia. The pain is rated as 9/10 and is located in the back of head, neck, upper back, right shoulder and right arm. Objective findings included tenderness to palpation of the right cervical spine. Sensation to touch is intact throughout. On 1/28/2015, Utilization Review non-certified a request for cervical epidural steroid injection and modified a request for Tramadol 50mg #1 5, noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The MTUS was cited. On 1/28/2015, the injured worker submitted an application for IMR for review of Tramadol 50mg #15 and cervical epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **Cervical Epidural Steroid Injection C6-7: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

**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:** According to the California Chronic Pain Medical Treatment Guidelines the criteria for the use of epidural steroid injections includes the presence of radiculopathy that must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. According to the progress note, dated August 18, 2014 there are no findings of a radiculopathy on physical examination nor are there any imaging studies indicating potential neurological impingement. In particular, there is an absence of foraminal stenosis. Considering this, the request for cervical spine epidural steroid injections is not medically necessary.

### **Tramadol HCL 50 mg # 15: Upheld**

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

**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): 93, 94 of 127.

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors).The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the most recent progress note dated August 18, 2014 reveals an absence of documentation to support the medical necessity of tramadol 50 mg. Specifically, while there was stated to be a 20% improvement with the usage of tramadol, the notes do not appropriately review functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed.

