

<b>Case Number:</b>	CM15-0118590		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	10/15/2007
<b>Decision Date:</b>	09/03/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 48 year old female, who sustained an industrial injury on October 15, 2007. She reported neck pain and right shoulder pain. The injured worker was diagnosed as having moderate carpal tunnel syndrome per nerve conduction studies (NCS), cervical discopathy, right shoulder internal derangement, cervical radiculopathy and ulnar neuropathy. Treatment to date has included diagnostic studies, physical therapy, chiropractic care, home exercises, Electrodiagnostic studies, cervical epidural injections, conservative care, medications and work restrictions. Currently, the injured worker complains of continued neck and right shoulder pain with decreased range of motion on the cervical spine, right shoulder and right elbow. The injured worker reported an industrial injury in 2007, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on February 12, 2015, revealed continued pain as noted. She reported the pain was 8/10 on a 1-10 scale with 10 being the worst pain. It was noted the pain was unchanged since the last visit. She reported she was taking the medications as prescribed however they were not helping and she wished to try something stronger. It was documented the Spurling's sign and compression tests were positive and there was noted decreased range of motion on the cervical exam. It was noted there was a well healed incision on the upper extremity. Evaluation on the right shoulder revealed decreased range of motion and increased pain with movement. It was noted she had decreased sensations in the cervical 5, 6 and 7 dermatomes. Examination of the right elbow revealed decreased range of motion. She reported sleep disruptions secondary to the pain. An updated magnetic resonance image (MRI) of the cervical spine was recommended secondary to

worsening symptoms since the last MRI of the cervical spine in 2011. Norco was initiated and other medications were refilled. Evaluation on March 20, 2015, revealed continued pain with range of motion in the neck and right shoulder. She rated the pain at a 5 on a 1-10 scale with 10 being the worst. Medications were continued. Evaluation on May 14, 2015, revealed continued pain rated at an 8 on a 1-10 scale. She reported increased pain since the last visit. She reported 50-60% relief of pain for three months following a previous epidural steroid injection of the cervical spine. She noted being contented with the results. Recent MRI on April 7, 2015, revealed cervical disc protrusions, joint hypertrophy and neuroforaminal stenosis. It was noted she had failed multiple conservative therapies. Cervical 4-5, cervical 5-6 and cervical 6-7 transfacet epidural injections and Norco 10/325mg #60 were requested.

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

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

#### **Right C4-5, C5-6, C6-7 Transfacet ESI: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

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

**Decision rationale:** According to the California (CA) MTUS Guidelines, for an epidural steroid injection to be considered as a treatment option, radiculopathy documented on an objective physical exam must be included as well as supporting imaging studies and continued pain unresponsive to conservative treatment. It was noted in the documentation she failed multiple conservative therapies and had over a 50% improvement in pain lasting for three months with previous injections. In addition, MTUS recommends injections should be performed using fluoroscopy for guidance, with no more than two nerve root levels injected for one session. Therefore, based on the injured workers prior positive outcome and the guidelines the request for right C4-5, C5-6, and C6-7 Transfacet ESI is medically necessary.

#### **Norco 10/325mg bid #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Norco Page(s): 74-96.

**Decision rationale:** According to the California (CA) MTUS guidelines Norco is a short-acting opioid analgesic. CA MTUS recommends short-term use of opioids after a trial of a first line oral analgesic has failed. Guidelines offer very specific requirements for the ongoing use of opiate pain medication to treat chronic pain. Recommendations state the lowest possible dose be used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects." It also recommends that providers of opiate medication

document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. It was noted in the documentation use of the prescribed short-acting opioid medication only briefly decreased the level of pain the injured worker reported. The following visit she noted increased pain once again. There was no noted functional improvement with the use of Norco. For these reasons, the request for Norco 10/325 two times daily #60 is not medically necessary.