

<b>Case Number:</b>	CM15-0149887		
<b>Date Assigned:</b>	08/13/2015	<b>Date of Injury:</b>	11/03/2003
<b>Decision Date:</b>	10/02/2015	<b>UR Denial Date:</b>	07/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/03/2015

### 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: New York, California

Certification(s)/Specialty: Emergency 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 59-year-old female, who sustained an industrial injury on November 3, 2003. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having cervical spine radiculopathy and C5-C6 (cervical 5-cervical 6) radiculopathy. Diagnostic studies to date have included on January 13, 2011, an MRI of the cervical spine revealed multilevel disc desiccation and muscle spasm. There was disc desiccation with 3-4 millimeter disc protrusion central and foraminal with stenosis. On July 14, 2015, a urine drug screen detected anticonvulsants (Gabapentin and Meprobamate), opiates (Tramadol, Hydrocodone, Hydromorphone, Morphine, and Codeine) and cannabinoids. On December 22, 2014, she underwent a cervical epidural steroid injection. Treatment to date has included a home exercise program and medications including opioid analgesic, anticonvulsants, muscle relaxant, proton pump inhibitor, and antidepressant. There were no noted previous injuries or dates of injury, and no noted comorbidities. On July 14, 2015, the injured worker reported ongoing neck pain that radiated to the bilateral arms in the cervical 6 distribution. Her pain was rated 8/10. The treating physician noted that the past cervical epidural provided good pain relief. The physical exam revealed decreased cervical motion with pain, positive Spurling's, decreased sensation in the right arm and forearm at cervical 6, and decreased grip strength right greater than left. The treatment plan includes a C5-C6 epidural steroid injection under fluoroscopic guidance, Norco, Soma, and a urine drug screen.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **C5-C6 Epidural steroid injection under fluoroscopic guidance Qty 1.00: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175; 181, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) guidelines recommend epidural steroid injections performed using fluoroscopy for guidance as a treatment option for radicular pain when there is corroborating documentation of radiculopathy in the physical exam and imaging studies and-or electrodiagnostic testing, and the radiculopathy has been "Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants)." In addition, no more than 2 epidural steroid injections are currently recommended. A second epidural injection is recommended if there is at least 50% pain relief with associated reduction of medication use for six to eight weeks is produced with the first injection. The ACOEM (American College of Occupational and Environmental Medicine) recommends cervical corticosteroids epidural steroid injections as a treatment option to avoid surgery. There was lack of documentation of 50% pain relief with associated reduction of medication use for six to eight weeks is produced with the prior injection on December 22, 2014. In addition, there was lack of documentation of the epidural steroid injection being performed in order to avoid surgery. Therefore, the C5-C6 epidural steroid injection under fluoroscopic guidance is not medically necessary.

### **Norco 10/325mg Qty 180.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

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

**Decision rationale:** The long-term usage of opioid therapy is discouraged by the CMTUS guidelines unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." In addition, CMTUS guidelines also detail indications for discontinuing opioid medication, such as serious non-adherence or diversion. There was lack of physician documentation of the least reported pain over the period since last assessment, average pain, how long it takes for pain relief, how long pain relief lasts, improvement in pain, and improvement in function. There was a lack of documentation the

opioid compliance guidelines, which include risk assessment profile, attempt at weaning/tapering, ongoing efficacy, and an updated and signed pain contract between the provider and the claimant, and the lack of objective evidence of functional benefit, obtained from the opioid medication. There was documentation of an inconsistent urine drug test performed on July 14, 2015, and the inconsistent results are not explained by treating provider, which would be necessary for continued usage. Therefore, the Norco is not medically necessary.

**Urine drug screen:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic): Urine drug testing (UDT).

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) guidelines recommend, drug testing is recommended as an option to assess for the use or the presence of illegal drugs when initiating opioid therapy and when there are issues with abuse, addiction, or poor pain control, and to avoid misuse of opioids, especially for individuals with a high risk of abuse. Per the Official Disability Guidelines (ODG), the criteria for the use of urine drug testing include point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results for individuals with a moderate risk of addiction or aberrant behavior. There was documentation on June 16, 2015 treatment plan of a urine drug screen to monitor drug compliance. However, there is lack of documentation of a urine drug screen prior to the urine drug screen performed on July 14, 2015. Based on the unclear documentation of the frequency of urine drug testing performed for this injured worker and the lack of documentation of concern for abuse or aberrant medication behavior, the urine toxicology testing is not medically necessary.

**Soma 350mg Qty 90.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 65.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma); Muscle relaxants (for pain) Page(s): 29; 63-66.

**Decision rationale:** Per the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, Soma (carisoprodol), a sedating centrally acting skeletal muscle relaxant, is not recommended for long-term use (greater than 2-3 weeks). Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. There was lack of documentation of a recent acute flare-up of low back pain. The medical records show that the injured worker has been taking Soma since at least February 2015, which exceeds the guideline recommendation. There was lack of documentation of any specific and significant improvements in pain or function as a result of Soma. Per the CA MTUS, Soma is not recommended for chronic pain and has habituating and abuse potential. Therefore, the request for Soma is not medically necessary.