MAXIMUS Federal Services

Case Number:	CM15-0173199		
Date Assigned:	09/15/2015	Date of Injury:	01/11/2013
Decision Date:	11/03/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/02/2015

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
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 41-year-old female, with a reported date of injury of 01-11-2013. The diagnoses include cervical degenerative disc disease, cervical radiculopathy, and chronic neck pain. Treatments and evaluation to date have included C6-7 interlaminar epidural steroid injection on 01-06-2015, which provided 50% pain relief for almost 5 months, methocarbamol (since at least 01-2015), Meloxicam (since at least 01-2015), Tramadol (since at least 01-2015), gabapentin (since at least 01-2015), Cyclobenzaprine, Naproxen, Lidoderm patches, H-wave unit (stopped due to soreness), heat, ice, massage therapy with at least 50 relief for 1-2 days after, and physical therapy. The diagnostic studies to date included a urine drug screen on 01-14-2015 with negative findings; a urine drug screen on 03-12-2015 with negative findings; a urine drug screen on 06-05-2015 with negative findings and inconsistent findings for Gabapentin; and an MRI of the cervical spine on 12-19-2013 which showed mild degenerative disc disease mostly at C5-6 and C4-5 to a lesser extent and C6-7 causing no significant neural foraminal narrowing. The progress report dated 08-14-2015 indicates that the injured worker the injured worker returned for re-evaluation regarding the neck and left upper extremity pain. It was noted that she has been able to take less medications and continue to work modified duty after a cervical epidural steroid injection on 01-06-2015. It was noted that her pain had returned and she was interested in another cervical epidural steroid injection. The injured worker continued to find her medications helpful and well tolerated. She could perform activities of daily living, work, cook, and clean with the help of her medications. The injured worker rated her pain 10 out of 10 without medications and 6 out of 10 with medications. On 07-14-2015, she rated her pain 10 out of 10 without medications and 5 out of 10 with medications. Her pain was worse since her last

appointment. The physical examination showed intact sensation but decreased in the left upper extremity over multiple dermatomes; positive Spurling's sign on the left; tenderness over the cervical paraspinals, right more than left; tenderness over the facet joints; and slightly reduced cervical spine range of motion in all directions. It was noted that the electrodiagnostic studies of the bilateral upper extremities on 09-17-2014 showed left C7 radiculitis. The injured worker stated that the cervical epidural steroid injection was the best treatment she has had so far and it had provided the best pain relief. The treating physician felt that the cervical epidural steroid injection should be reconsidered now that the injured worker's pain was getting worse and made it more difficult for her to function. The injured worker cold work up to 40 minutes with mousing and computer work and then take a 15 minute break; up to four hours a day. The treating physician requested an interlaminar C6-7 epidural steroid injection with conscious sedation and fluoroscopic guidance, Tramadol ER 150mg #60, Ultram 50mg #100, Robaxin 500mg #120, and Mobic 15mg #120. On 08-25-2015, Utilization Review (UR) non-certified the request for an interlaminar C6-7 epidural steroid injection with conscious sedation and fluoroscopic guidance; and modified the request for Tramadol ER 150mg #60 to Tramadol ER 150mg #20, Ultram 50mg #100 to Ultram 50mg #20, Robaxin 500mg #120 to Robaxin 500mg #24, and Mobic 15mg #120 to Mobic 15mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interlaminar C6-C7 Epidural Steroid Injection with Conscious Sedation and Fluoroscopic Guidance: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: According to the MTUS, several diagnostic criteria must be present to recommend an epidural steroid injection. The most important criteria are that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. Patient reported 50% pain relief for 5 months with her previous cervical ESI. I am reversing the previous utilization review decision. Interlaminar C6-C7 Epidural Steroid Injection with Conscious Sedation and Fluoroscopic Guidance is medically necessary.

Tramadol ER 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The medical records do not indicate the need for medications other than first line mediation. There is no mention of failure of first-line analgesics. MTUS guidelines do not support use of Tramadol unless other treatments have not been effective or not tolerated. Tramadol can be added to the medication regimen, but as the immediate-release oral formulation, not as the extended-release formulation. There is no documentation supporting any functional improvement with the continued long-term use of opioids. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. Tramadol ER 150mg #60 is not medically necessary.

Ultram 50mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Ultram is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Despite the long-term use of Ultram, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. Ultram 50mg #100 is not medically necessary.

Robaxin 500mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The MTUS states that muscle relaxants are recommended with caution only on a short-term basis. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The patient has been taking the muscle relaxant for an extended period of time far longer than the short-term course recommended by the MTUS.A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly. Robaxin 500mg #120 is not medically necessary.

Mobic 15mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The medical record contains no documentation of functional improvement. Guidelines recommend NSAIDs as an option for short term symptomatic relief. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly. Mobic 15mg #120 is not medically necessary.