

Case Number:	CM15-0065497		
Date Assigned:	04/13/2015	Date of Injury:	03/06/2012
Decision Date:	06/29/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	04/06/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 61-year-old female, who sustained an industrial injury on 03/06/2012. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having cervical strain, thoracic strain, cervical spondylosis at cervical three through thoracic one, severe right neuroforaminal stenosis at cervical seven to thoracic one, moderate to severe foraminal stenosis at cervical five to six and cervical six to seven, and lumbar five to sacral one disc protrusion with mild right foraminal stenosis. Treatment to date has included cervical epidural steroid injection, bilateral lumbar four through sacral one epidural, magnetic resonance imaging of the cervical spine, and medication regimen. In a progress note dated 02/23/2015 the treating physician reports complaints of constant neck and low back pain with the neck pain radiating to the bilateral shoulders along with numbness and tingling to the arms, and complaints of severe headaches. Patient had no depression, nervousness or sleep disturbances. Physical examination of the cervical spine revealed limited range of motion, positive cervical compression test, and decreased sensation in C7 dermatome and decreased reflexes bilaterally. A recent detailed psychological evaluation note was not specified in the records provided. The treating physician requested cervical epidural steroid injection at cervical seven through thoracic one level with the treating physician noting that the injured worker has a severe amount of pain to the neck region. The treating physician also requested the medications of Soma 350 mg, with a quantity of sixty, Fioricet with a quantity of sixty, and Xanax 0.25 mg with a quantity of 60 noting that the treating spinal surgeon previously initiated these medications and that the injured worker is awaiting

surgery. The patient has had MRI of the cervical spine on 3/21/14 that revealed disc bulge with foraminal narrowing and facet hypertrophy and MRI of the lumbar spine on 3/21/14 that revealed disc bulge with foraminal narrowing. The patient had received cervical epidural block on 5/21/14 and on 8/1/14 with 50% pain relief for two months. The medication list includes Norco, Soma, Firocet and Alprazolam. Other therapy done for this injury was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection at C7-T1: Upheld

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 (ESIs) Page(s): 46.

Decision rationale: Request: Epidural steroid injection at C7-T1 The MTUS Chronic Pain Guidelines regarding Epidural Steroid Injections state, "The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program" Per the cited guideline criteria for ESI are "1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants)." Radiculopathy documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing was not specified in the records provided. Consistent objective evidence of upper extremity radiculopathy was not specified in the records provided. Lack of response to conservative treatment including exercises, physical methods, NSAIDs and muscle relaxants was not specified in the records provided. The patient has received a course of physical therapy in June 2014 for this injury. Any conservative therapy notes were not specified in the records provided. A response to recent rehab efforts including physical therapy or continued home exercise program were not specified in the records provided. As stated above, epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The records provided did not specify a plan to continue active treatment programs following the cervical ESI. As stated above, ESI alone offers no significant long-term functional benefit. The patient had received cervical epidural block on 5/21/14 and on 8/1/14 with 50% pain relief for two months. Per the cited guidelines, "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." There was no evidence of objective documented pain AND functional improvement, including at least 50% pain relief for six to eight weeks after the previous cervical ESIs. Any evidence of associated reduction of medication use was not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. With this, it is deemed that the medical necessity of request for Epidural steroid injection at C7-T1 is not medically necessary for this patient.

Soma 350 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24 & 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), page 29 and Muscle relaxants, page 63 Carisoprodol (Soma).

Decision rationale: Soma 350 mg, sixty counts According to California MTUS, Chronic pain medical treatment guidelines, Carisoprodol (Soma) is a muscle relaxant and it is not recommended for chronic pain. Per the guidelines, "Carisoprodol is not indicated for long-term use. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety." California MTUS, Chronic pain medical treatment guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Per the guideline, "muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. In addition, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications." California MTUS, Chronic pain medical treatment guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Soma is recommended for short-term use only, in acute exacerbations in chronic pain. Patient had a chronic injury and any evidence of acute exacerbations in pain and muscle spasm was not specified in the records provided. The date of injury for this patient is 3/6/12. As the patient does not have any acute pain at this time, the use of muscle relaxants is not supported by the CA MTUS chronic pain guidelines. Furthermore, as per guideline skeletal muscle relaxants show no benefit beyond NSAIDs in pain and overall improvement. Therefore, the medical necessity of Soma 350 mg, sixty counts is not medically necessary for this patient.

Fiorcet, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23, 65.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 06/15/15) Barbiturate-containing analgesic agents (BCAs).

Decision rationale: Fiorcet, sixty counts: Fioricet contains a combination of acetaminophen, butalbital, and caffeine. Butalbital is a barbiturate with an intermediate duration of action. Butalbital is often combined with other medications, such as acetaminophen (paracetamol) or aspirin, and is commonly prescribed for the treatment of pain and headache. As per cited guideline, "Barbiturate-containing analgesic agents (BCAs) Not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. (McLean, 2000) There is a risk of medication overuse as well as rebound headache. (Friedman, 1987)" The Barbiturate-containing analgesic agents are not recommended as per the cited guidelines. He is

already on other medications for pain including Norco. The response to these medications is not specified in the records provided. The rationale for adding Fioricet is not specified in the records provided. The medical necessity of the request for Prescription of Fioricet, sixty counts is not medically necessary in this patient.

Xanax 0.25 mg, sixty count: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Online Edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: Xanax 0.25 mg, sixty count Alprazolam is a benzodiazepine, an anti anxiety drug. According to MTUS guidelines Benzodiazepines are "Not recommended for long- term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of actions includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety." A detailed history of anxiety or insomnia is not specified in the records provided. Any trial of other measures for treatment of insomnia is not specified in the records provided. A detailed evaluation by a psychiatrist for the stress related conditions is not specified in the records provided. As mentioned above, prolonged use of anxiolytic may lead to dependence and does not alter stressors or the individual's coping mechanisms. The cited guideline recommends that if anti-anxiety medication is needed for a longer time, appropriate referral needs to be considered. The medical necessity of the request for Xanax 0.25 mg, sixty counts is not medically necessary in this patient.