

<b>Case Number:</b>	CM13-0029665		
<b>Date Assigned:</b>	11/01/2013	<b>Date of Injury:</b>	08/30/2011
<b>Decision Date:</b>	02/11/2014	<b>UR Denial Date:</b>	09/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 44 year-old male sustained an injury on 8/30/13 while employed by [REDACTED]. Requests under consideration include Diagnostic medial branch block, right C3, C4 and C5, Pain Management consultation as secondary treating physician to monitor medication use, Metabolic panel, Norco 10/325mg #90, Prilosec 20mg #30, and Zanaflex 4mg #30. Report dated 8/14/13 from [REDACTED] noted the patient continues with home exercise/ gym program, decreasing pain with benefit. Current medications include Medrox patches, Norco, Prilosec, and Zanaflex. Pain rated at 6/10. There is pain in the right upper extremity with numbness and tingling, radiates to hand and left shoulder. Exam showed TTP of the cervical paraspinals, range of motion of the cervical spine decreased throughout, decreased right C6, C7 and C8 dermatomes to pinprick and light touch, 5-/5 right deltoid, remainder 5/5 in the lower extremities. Diagnoses include HNP of the cervical spine with severe stenosis; cervical radiculopathy; second degree burns consisting of BSA 12%; and s/p left shoulder surgery on 8/6/12. Plan to continue to request for diagnostic medial branch block at right C3, C4, and C5; consult with [REDACTED] for pain management to take over as secondary treating physician to monitor medication use; ongoing care with [REDACTED] for general orthopedic complaints; med panel and prescribe above medications. Besides ortho ongoing care, above requests were non-certified on 9/16/13 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diagnostic medial branch block, right C3, C4 and C5: 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), Neck & Upper Back, Facet joint diagnostic blocks, and the American College of Occupational and Environmental Medicine (ACOEM), Chapter7, pg. 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back, Facet joint diagnostic blocks, pages 601-602.

**Decision rationale:** Submitted reports indicate objective findings of TTP of the cervical paraspinals, range of motion of the cervical spine decreased throughout, decreased right C6, C7 and C8 dermatomes to pinprick and light touch, and 5-/5 right deltoid. Diagnoses include HNP of the cervical spine with severe stenosis; cervical radiculopathy; second degree burns consisting of BSA 12%; and s/p left shoulder surgery on 8/6/12. Clinical findings are more indicative of radiculopathy, a contraindication to facet injections as they are limited to patients with cervical pain that is non-radicular. Submitted reports also have not documented failure of conservative treatment (including home exercise, PT and NSAIDs). MTUS Guidelines clearly do not support facet blocks for acute, sub acute, or chronic cervical pain or for any radicular pain syndrome and note there is only moderate evidence that intra-articular facet injections are beneficial for short-term improvement and limited for long-term improvement. Conclusions drawn were that intra-articular steroid injections of the facets have very little efficacy in patients and needs additional studies." The Diagnostic medial branch blocks, right C3, C4 and C5 are not medically necessary and appropriate.

**Pain Management consultation as secondary treating physician to monitor medication use:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Chapter7, pg. 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 108-115.

**Decision rationale:** This patient sustained a low back injury in August 2011 and continues to treat for chronic pain. Symptoms are stable without any new trauma and the he is tolerating conservative treatments without escalation of medication use or clinically red-flag findings on examination. There is no change or report of acute flare. If a patient fails to functionally improve as expected with treatment, the patient's condition should be reassessed by consultation in order to identify incorrect or missed diagnoses; however, this is not the case; he remains stable with continued chronic pain symptoms on same unchanged medication profile and medical necessity for pain management consultation has not been established. The Pain Management consultation as secondary treating physician to monitor medication use is not medically necessary and appropriate.

**Metabolic panel:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Routine Suggested Monitoring Page(s): 70.

**Decision rationale:** MTUS Guidelines do not support the treatment plan of ongoing chronic pharmacotherapy with NSAIDs or opioids as chronic use can alter renal or hepatic function. Blood chemistry may be appropriate to monitor this patient; however, there is no documentation of significant medical history or red-flag conditions to warrant for a metabolic panel. ■■■■■ ■■■■■ does not describe any subjective complaints, clinical findings, specific diagnosis, or treatment plan involving possible metabolic disturbances, lipid, hepatic, or renal disease to support the lab works as it relates to the musculoskeletal injuries sustained in 2011. It is not clear if the patient is prescribed any NSAIDs; nevertheless, occult blood testing has very low specificity regarding upper GI complications associated with NSAIDs. The Metabolic panel is not medically necessary and appropriate.

**Norco 10/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Discontinue Opioids Page(s): 79-80.

**Decision rationale:** Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or returned to work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. MTUS Chronic Pain, page 79-80, states when to continue Opioids, "(a) If the patient has returned to work or (b) If the patient has improved functioning and pain." Regarding when to discontinue opioids, Guidelines states, "If there is no overall improvement in function, unless there are extenuating circumstances." The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. Norco 10/325mg #90 is not medically necessary and appropriate.

**Prilosec 20mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation on American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chronic Pain, Chapter 6, pg 173.

**Decision rationale:** Prilosec medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hyper-secretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant treatment with Prilosec. Prilosec 20mg #30 is not medically necessary and appropriate.

**Zanaflex 4mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 128.

**Decision rationale:** Report dated 8/14/13 from [REDACTED] noted the patient continues with home exercise/ gym program, decreasing pain with benefit. Current medications include Medrox patches, Norco, Prilosec, and Zanaflex. Pain rated at 6/10. There is pain in the right upper extremity with numbness and tingling, radiates to hand and left shoulder. Exam showed TTP of the cervical para-spinals, range of motion of the cervical spine decreased throughout, decreased right C6, C7 and C8 dermatomes to pinprick and light touch, 5-/5 right deltoid, remainder 5/5 in the lower extremities. Diagnoses include HNP of the cervical spine with severe stenosis; cervical radiculopathy; second degree burns consisting of BSA 12%; and s/p left shoulder surgery on 8/6/12. There are minimal objective findings documented without clear spasm on multiple reports by multiple providers. MTUS Guidelines do not recommend long-term use of muscle relaxants and medical necessity has not been established. Zanaflex 4mg #30 is not medically necessary and appropriate.