

<b>Case Number:</b>	CM13-0029752		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	09/06/2007
<b>Decision Date:</b>	03/21/2014	<b>UR Denial Date:</b>	09/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/27/2013

### 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, has a subspecialty in Interventional Spine, 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 is a 32-year-old female with a 9/6/07 industrial injury claim. She worked as a landscaper and had gradual onset of symptoms. According to the 7/25/13 report from the provider, the diagnosis is facet arthropathy in bilateral C4/5, C5/6 and C6/7 right greater than left. The IMR (Independent Medical Review) application shows a dispute with the 9/17/13 UR (utilization review) decision. The 9/17/13 UR decision is by [REDACTED] and recommends modifying the request for hydrocodone/APAP 5/325mg #90 to allow 1 refill for weaning purposes; and recommends non-certification for a MBB (medial branch block) at bilateral C4/5, C5/6 and C6/7; chiropractic x8; use of cyclobenzaprine; and use of Terocin lotion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medial branch block bilaterally at C4-5, C5-6 and C6-7: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 174, 181.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174, 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter, for facet joint injections

**Decision rationale:** The MTUS guidelines did not discuss diagnostic medial branch blocks so the Official Disability Guidelines (ODG) were consulted. The ODG guidelines states "no more than 2 joint levels are injected in one session (see above for medial branch block levels)." The request as provided to IMR (Independent Medical Review), is for medial branch blocks bilaterally at C4/5, C5/6 and C6/7. This is 3-levels or 4 medial branch nerves. This exceeds the 2-level or 3 medial branch nerve blocks recommended under ODG. The request is not in accordance with ODG guidelines. As such, the request is not certified.

**Additional chiropractic eight (8) sessions to neck and back:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 30,58.

**Decision rationale:** The 7/25/13 report documents pain at 7-8/10 with increased pain and spasms in the left side of the neck over the past month. The report also states that the patient had 8 sessions of chiropractic care that helped decrease pain and increase her activity and decrease her medication use. She was reported to be using Norco 5/325mg 1-2/day, Flexeril 2/day, Prilosec 1/day, Senokot, ibuprofen prn, and Terocin cream. The 6/4/13 report rates pain at 6-7/10 and shows the patient was taking Norco 5/325 2-3/day, naproxen 550mg 3/day and Flexeril 2/day. There is a 4/17/13 chiropractic report from [REDACTED], noting the patient had 12 visits in the past that helped. The pain on 4/17/13 was rated as 7/10. The MTUS guidelines state: "functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS); and a reduction in the dependency on continued medical treatment." The reporting does not discuss any improvement in function, pain levels remains in the 7/10 range. It does appear that naproxen was changed to ibuprofen and Norco went from 2-3/day to 1-2/day, although with the decreased in Norco, the pain went up slightly to the 7-8/10 range. Continuing chiropractic care with documented functional improvement is not in accordance with MTUS guidelines. As such, the request is not certified.

**Hydrocodone/APAP 5/325mg, #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Opioid use Page(s): 88-89.

**Decision rationale:** The physician states Norco decreases the patient's pain by 50%. The overall pain remains around 7/10, but On 6/4/13, the pain was at the lower end from 6-7/10 and Norco was decreased from 2-3/day to 1-2/day, then on the follow-up visit on 7/25/13 the pain increased and was reported to be 7-8/10. The MTUS guidelines for opioids states: "Satisfactory response

to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The patient appears to have a satisfactory response with use of Norco. The MTUS does not state treatment should be weaned if it is producing a satisfactory response. The recommendation is to allow use of Norco based on the information provided.

**Cyclobenzaprine 7.5mg, #120:** Upheld

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

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

**Decision rationale:** The records show the patient was using Flexeril (cyclobenzaprine) 7.5mg, 2/day on 4/9/13, and on the 6/4/13 and 7/25/13 reports. The MTUS guidelines, for Flexeril states specifically: "This medication is not recommended to be used for longer than 2-3 weeks" The records document use over 12-weeks, continued use of Flexeril will exceed MTUS recommendations. As such, the request is not certified.

**Terocin pai relief lotion 4oz, #1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105, 111-113.

**Decision rationale:** Terocin is a compounded topical with methyl salicylate, capsaicin, menthol and Lidocaine. The MTUS guidelines state these are recommended after failure of antidepressants or anticonvulsants and the guidelines also state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, methyl salicylate, capsaicin and possible menthol are indicated (methyl salicylate and menthol are recommended under MTUS "Salicylate topical" section, "Ben-Gay" is given as an example and Ben-Gay contains menthol and methyl salicylate). Terocin contains topical lidocaine. The MTUS guidelines specifically state, other than the dermal patch, other formulations of lidocaine whether creams, lotions or gels are not approved for neuropathic pain. So a compounded topical cream that contains Lidocaine would not be recommended by MTUS criteria. As such, the request is not certified.