

<b>Case Number:</b>	CM13-0030014		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	02/18/2004
<b>Decision Date:</b>	04/21/2014	<b>UR Denial Date:</b>	09/23/2013
<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 an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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/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:

The patient is a 67-year-old female who reported an injury on 02/19/2004. The patient reportedly noted a gradual onset of pain, numbness, and tingling in the right upper extremity. The patient is currently diagnosed as status post cervical fusion, right C6 radiculopathy, worsening right ulnar neuropathy, and solid cervical fusion. The patient was seen by [REDACTED] on 07/24/2013. The patient reported neck pain, arm pain, and right elbow pain. The patient reported improvement with a trigger thumb injection, as well as TENS therapy and a facet block. Physical examination revealed cervical spasm, decreased range of motion, positive facet tenderness, radiculopathy at the right C6 distribution, and decreased sensation on the right at C5-7, and tenderness to palpation over the cervicotracheal ridge. Treatment recommendations included continuation of current medications, continuation of TENS therapy, a facet block, and an injection x1 into the right cervical spine and right trapezius.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ANAPROX 550MG, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

**Decision rationale:** The Expert Reviewer's decision rationale: California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second-line treatment after acetaminophen. There is no evidence of long-term effectiveness for pain or function. As per the documentation submitted, the patient has continuously utilized NSAIDs. Despite ongoing use, the patient has continuously reported persistent pain. Satisfactory response to treatment has not been indicated. There is also no evidence of failure to respond to first-line treatment with acetaminophen. Based on the clinical information received, the request is non-certified.

**PRILOSEC 20MG, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**Decision rationale:** The Expert Reviewer's decision rationale: California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a non-selective NSAID. As per the documentation submitted, there is no indication of cardiovascular disease or increased risk factors for gastrointestinal events. Therefore, the patient does not currently meet criteria for the requested medication. As such, the request is non-certified.

**RESTORIL 30MG, #30:** Upheld

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

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

**Decision rationale:** California MTUS Guidelines state benzodiazepines are not recommended for long-term use, because long-term efficacy is unproven and there is risk of dependence. Most guidelines limit the use to 4 weeks. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain with difficulty sleeping. The medical necessity for the ongoing use of this medication has not been established. As guidelines do not recommend long-term use of this medication, the current request cannot be determined as medically appropriate. Therefore, the request is non-certified.

**INJECTION TO THE RIGHT CERVICAL SPINE 1CC CELESTONE AND 2CC MARCAINE RIGHT TRAPEZIUS QTY: 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TRIGGER POINT INJECTIONS Page(s): 122.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

**Decision rationale:** The Expert Reviewer's decision rationale: California MTUS Guidelines state trigger point injections are recommended only for myofascial pain syndrome. As per the documentation submitted, there was no evidence of circumscribed trigger points with a twitch response, as well as referred pain. There is also no documentation of a failure to respond to conservative therapy including exercises, physical therapy, and muscle relaxants. Furthermore, California MTUS Guidelines state radiculopathy should not be present. It was noted upon physical examination on 07/24/2013, the patient demonstrated radiculopathy at the right C6 distribution. Based on the clinical information received and California MTUS Guidelines, the request is non-certified.

**FACET BLOCK TO C5-6 QTY: 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), NECK & UPPER BACK CHAPTER.

**Decision rationale:** The Expert Reviewer's decision rationale: California MTUS/ACOEM Practice Guidelines state invasive techniques such as facet injections have no proven benefit in treating acute neck and upper back symptoms. Official Disability Guidelines state clinical presentation should be consistent with facet joint pain, signs, and symptoms. As per the documentation submitted, the patient does demonstrate positive facet tenderness upon physical examination. However, there is no documentation of a failure to respond to conservative treatment including home exercise and physical therapy prior to the procedure for at least 4 to 6 weeks. Additionally, Official Disability Guidelines state facet joint injections are limited to patients with cervical pain that is non-radicular and at no more than 2 levels bilaterally. The patient has also undergone a cervical fusion. Furthermore, the patient has been previously treated with facet joint injections in the past. Documentation of objective functional improvement following the initial injection was not provided. Based on the clinical information received, the request is non-certified.

**FACET BLOCK C6-7 QTY:1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175.

**Decision rationale:** The Expert Reviewer's decision rationale: California MTUS/ACOEM Practice Guidelines state invasive techniques such as facet injections have no proven benefit in treating acute neck and upper back symptoms. Official Disability Guidelines state clinical presentation should be consistent with facet joint pain, signs, and symptoms. As per the documentation submitted, the patient does demonstrate positive facet tenderness upon physical examination. However, there is no documentation of failure to respond to conservative treatment including home exercise and physical therapy prior to the procedure for at least 4 to 6 weeks. Additionally, Official Disability Guidelines state facet joint injections are limited to patients with cervical pain that is non-radicular and at no more than 2 levels bilaterally. The patient has also undergone a cervical fusion. Furthermore, the patient has been previously treated with facet joint injections in the past. Documentation of objective functional improvement following the initial injection was not provided. Based on the clinical information received, the request is non-certified.