

Case Number:	CM13-0035515		
Date Assigned:	12/13/2013	Date of Injury:	02/01/2002
Decision Date:	02/13/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/17/2013

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 Illinois. 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:

The patient is a 68-year-old male who reported a work-related injury on 02/01/2002. The specific mechanism of injury was not stated. The patient currently presents for treatment of cervical facet arthropathy. The clinical note dated 09/30/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient presents with complaints of cervical spine pain at the C3-4 worse with rightward rotation or extension. The patient reports pain radiates to the right shoulder. The provider documents the patient did not respond to a trial of cervical epidural steroid injection in the past. The provider reports the patient tolerates opioids well. The clinical notes document the patient utilizes Norco 10/325, Cymbalta 60 mg, Lidoderm patch, MS Contin 15 mg, Maxalt 10 mg, Neurontin 300 mg 3 times a day, Reglan 10 mg, Levothroid 88 mcg, Nexium 40 mg, VESIcare 5 mg, Zantac 300 mg, and Celebrex 200 mg. The patient is status post a 2 level cervical fusion at C5-6 and C6-7 as of 2002. The clinical note documents upon physical exam of the patient full cervical spine range of motion with pain to the right with rotation or extension. Focal tenderness at the right C3-4 facet was also documented. Hawkins was mildly positive on the right and normal shoulder range of motion was noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

One block of cervical medial branch nerve: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back.

Decision rationale: The current request is not supported. The Official Disability Guidelines indicate medial branch blocks are limited to patients with cervical pain that is non-radicular and at no more than 2 levels bilaterally. The clinical notes failed to document the patient presented with specific facet generated pain. In addition, it is unclear when the patient last utilized lower levels of conservative treatment for his cervical spine pain complaints. The patient had full range of motion noted about the cervical spine. Given all the above, the requested cervical medial branch block is not medically necessary or appropriate.

MS contin 15mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

Decision rationale: The clinical documentation submitted for review fails to evidence the patient's reports of efficacy with his current medication regimen. The California MTUS indicates that 4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). Given the lack of documentation of efficacy of treatment with a decreased rate of pain on a numerical pain scale and increased objective functionality, the request for MS contin 15mg #60 is not medically necessary or appropriate.

Norco 10/325mg #90 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

Decision rationale: The clinical documentation submitted for review fails to evidence the patient's reports of efficacy with his current medication regimen. The California MTUS indicates that 4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). Given the lack of documentation of efficacy of treatment

with a decreased rate of pain on a numerical pain scale and increased objective functionality, the request for Norco 10/325mg #90 with 1 refill is not medically necessary or appropriate.