

Case Number:	CM13-0049340		
Date Assigned:	12/27/2013	Date of Injury:	07/10/2007
Decision Date:	03/06/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/07/2013

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 Occupational Medicine 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of July 10, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and unspecified prior numbers of cervical facet blocks, trigger point injections, and radiofrequency neurotomy procedures in the cervical spine region. In a utilization review report of November 1, 2013, the claims administrator denied a request for medial branch blocks, radiofrequency neurotomy procedures, and Lidoderm patches. Opana was partially certified, seemingly for weaning purposes. Colace and Naprosyn were also certified. The applicant's attorney later appealed. An earlier progress note of August 29, 2013 is notable for comments that the applicant reports ongoing severe headaches status post prior occipital nerve blocks. The applicant reports a 9/10 pain. The applicant is given refills of Lidoderm, Zanaflex, Naprosyn, Opana, and Norco. The applicant is asked to remain off of work, on total temporary disability "unchanged." In an earlier note of July 15, 2013, the attending provider sought cervical facet injections. Multiple progress notes interspersed throughout July and August 2013 reiterate the fact that the applicant is off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency neurotomy medial branch nerve nerves left C2-C3 and C3-C4 facet joints:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute and Chronic).

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

Decision rationale: The MTUS/ACOEM Guidelines in chapter 8, state that there is limited evidence of radiofrequency neurotomy and that it may be effective in relieving or reducing cervical facetogenic pain amongst applicants who have had a positive response to facet joint injections. In this case, however, the applicant has had prior facet joint blocks and radiofrequency neurotomy procedures. The applicant has, however, failed to affect any lasting benefit or functional improvement through prior usage of the same. The applicant remains off of work, on total temporary disability. The applicant remains highly reliant on various medical treatments, including long and short acting opioids, injection therapy, trigger point injections, occipital nerve blocks, topical agents, etc. All of the above, taken together, indicate that the prior facet joint blocks were ineffectual and that the applicant has failed to effect any lasting benefit or functional improvement in the MTUS Guidelines. The request for radiofrequency neurotomy medial branch nerve nerves left C2-C3 and C3-C4 facet joints.

1 confirmatory medial branch nerve injections prior to radiofrequency neurotomy: 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.

Decision rationale: It appears that the applicant has already had prior radiofrequency ablation procedures, facetogenic blocks, medical branch blocks, etc. The applicant has failed to respond favorably to the same. There is little or no role for repeat medial branch blocks here, particularly as the MTUS guideline in ACOEM chapter 8, table 8-8, states that diagnostic [medial branch] blocks are "not recommended." The request for 1 confirmatory medial branch nerve injections prior to radiofrequency neurotomy is not medically necessary and appropriate.

Lidoderm 5% patch with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines does support usage of topical Lidoderm patches as a third-line treatments in neuropathic pain in those applicants

who have tried and failed first-line treatments such as antidepressants and anticonvulsants, in this case, however, the applicant has used this agent in the past and failed to derive any lasting benefit or functional improvement despite prior usage of the same. The applicant remains off of work, on total temporary disability. The applicant remains highly reliant on various medications, medical treatments, and injections. The request for Lidoderm 5% patch with 2 refills is not medically necessary and appropriate.

Opana ER 10mg #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): 80.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy are evidence of successful return to work, improved functioning, and/or reduced pain affected as a result of ongoing opioid usage. In this case, however, the aforementioned criteria have not been met. The applicant has failed to return to work. There is no evidence of improved functioning and/or reduced pain effected as a result of ongoing opioid usage. The request for Opana ER 10mg #60, is not medically necessary and appropriate.