

<b>Case Number:</b>	CM13-0055739		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/06/2003
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	11/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2013

### 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 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 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 applicant has filed a claim for chronic neck pain reportedly associated with an industrial injury of June 6, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; topical compounds; adjuvant medications; muscle relaxants; sleep aids; recent epidural steroid injection on October 29, 2013; and prior cervical fusion surgery at C5-C6. In a Utilization Review report of November 14, 2013, the claims administrator denied a request for medial branch blocks, citing non-MTUS ODG Guidelines, although the MTUS does address the topic. Other agents were also seemingly denied; however, portions of the Utilization Review Report appear to be truncated. In an appeal letter dated November 27, 2013, the attending provider notes that the applicant has chronic neck pain. It is stated that applicant is not abusing the medications. It is stated that return to work is not plausible for the applicant. It is stated that the applicant is maintaining basic activities of daily living as a result of ongoing medication usage. The applicant also appealed the denial of Ambien. A November 5, 2013 progress note is notable for comments that the applicant reports 7/8/10 neck pain radiating to bilateral upper extremities. The applicant's pain is 10/10 without medications, it is stated. The applicant is limited in terms of activity, ambulation, hand function, and sleep. The applicant is in moderate distress. Myofascial tenderness is appreciated. Limited cervical range of motion is also appreciated. Diagnostic medial branch blocks are sought. Motrin, Neurontin, Exoten lotion, Ambien, and Zanaflex are also renewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OUTPATIENT CERVICAL MEDIAL BRANCH NERVE BLOCKS AT BILATERAL C4-5: 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)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

**Decision rationale:** As noted in the MTUS-Adopted ACOEM Guidelines, Chapter 8, Table 8-8, page 181, diagnostic medial branch blocks are "not recommended." In this case, the applicant also continues to report neck pain radiating to the bilateral upper extremities and is status post a cervical fusion surgery, seemingly to address the diagnosis of radiculopathy, reportedly present here. The applicant continues to have neck pain radiating to the upper extremities. Thus, there is some lack of diagnostic clarity here. There is no clear evidence of facetogenic pain. Therefore, the request is not certified both owing to the lack of diagnostic clarity and owing to the unfavorable ACOEM recommendation.

**TIZANIDINE 4MG #90: 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 Page(s): 66.

**Decision rationale:** While page 66 of the MTUS Chronic Pain Medical Treatment Guideline does note that Tizanidine or Zanaflex, a muscle relaxant, is FDA approved in the treatment of spasticity and can be employed for off-label purposes in the treatment of low back pain, in this case, the applicant has seemingly used this particular agent chronically and has failed to derive any lasting benefit or functional improvement through prior usage of the same. The applicant has failed to return to work. The applicant is seemingly off of work, on total temporary disability. The applicant remains highly reliant on various analgesic medications, injections, and other treatments. All of the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f despite ongoing usage of Tizanidine. Therefore, the request is not certified, on Independent Medical Review.

**ZOLPIDERM 10MG #30: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Chronic Pain Chapter, Urine Drug Testing

**Decision rationale:** The MTUS does not address the topic. As noted in the ODG Chronic Pain Chapter, Zolpidem Topic, Zolpidem or Ambien is indicated in the short-term management of insomnia, typically on the order of two to six weeks. It is not recommended for the chronic, long-term, sustained, and/or scheduled basis for which it is being proposed here. Therefore, the request remained not certified owing to the unfavorable ODG recommendation.

**EXOTEN-C #120:** 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 Page(s): 111.

**Decision rationale:** As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesic such as Exoten, as a class, are "largely experimental." In this case, the applicant has seemingly used this particular agent chronically and has failed to derive any lasting benefit or functional improvement through prior usage of the same. The applicant has failed to return to work. The applicant remains off of work, on total temporary disability, and remains highly reliant on various oral medications, topical medications, and injections. All of the above, taken together, imply lack of functional improvement as defined in MTUS 9792.20f despite prior usage of Exoten. Therefore, the request is not certified, on Independent Medical Review.