

<b>Case Number:</b>	CM13-0065956		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	01/05/2010
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	12/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 Orthopaedic Surgery 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 injured worker is a 66-year-old female injured on January 5, 2010. The mechanism of injury was noted as assisting another person into and out of a taxi. The most recent progress note, dated December 2, 2013, indicated that there were ongoing complaints of increasing cervical spine pain. A physical examination on this date noted tenderness along the facets of C5-C6 and C6-C7 as well as limited cervical spine range of motion. There was a normal upper extremity neurological examination. Previous treatment included C5-C6 facet joint injections, medial branch blocks and physical therapy. A request had been made for bilateral C5-C6 and C6-C7 medial branch facet neurotomies, Norco and omeprazole and was not certified in the pre-authorization process on December 12, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **BILATERAL C5-6, C6-7 MEDIAN BRANCH FACET NEUROTOMIES WITH FLUOROSCOPY:** Upheld

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

**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 (Acute & Chronic), Facet joint radiofrequency neurotomy, updated May 30, 2014.

**Decision rationale:** The medical record stated that the injured employee previously underwent facet joint injections and medial branch blocks at the C5-C6 level in August 2012. No injections were previously administered at the C6-C7 level. The Official Disability Guidelines recommend, that prior to radiofrequency neurotomies, a diagnostic branch block be administered at the same level with pain relief of at least 70%. The injured employee has not had any previous injections at the C6-C7 level. Therefore, this request for bilateral C5-C6 and C6-C7 median branch facet neurotomies is not medically necessary.

**NORCO 10/325 MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 88.

**Decision rationale:** According to the attached medical record, the injured employee has been taking Norco for an extended period of time. There is no recent information regarding the efficacy of this medication, its side effects and its ability to increase the injured employee's level of function or improve the quality of life. There was also no mention of any screening for abuse or addiction. Without this information, this request for Norco is not medically necessary.

**OMEPRAZOLE 20 MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) NSAIDs, G.I. symptoms and cardiovascular risk Page(s): 68.

**Decision rationale:** Omeprazole is a proton pump inhibitor intended for the treatment of gastric upset sometimes experienced with use of anti-inflammatory medications. There is no mention in the attached medical record that the injured employee has any type of gastrointestinal issues requiring the use of omeprazole to include side effects of NSAIDs. For this reason, this request for omeprazole is not medically necessary.