

Case Number:	CM13-0066001		
Date Assigned:	01/03/2014	Date of Injury:	01/25/1996
Decision Date:	04/15/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 patient is a 63-year-old female who was injured on 01/25/1996. The mechanism of injury is unknown. The prior treatment history has included trigger point injection to the left scapular region on 05/28/2013. Trigger point injection administered to L3 level with 8 cc Lidocaine and 2 cc methylprednisone dated 09/11/2013. Other procedures performed include 01/23/2013 caudal epidural steroid injection. The medications are: On 07/26/2013: 1. Dexilant DR 60 mg capsule 2. Flexeril 10 mg tablet 3. Norco 10-325 mg tablet 4. Synthroid 125 mcg tablet 5. Fantanyl 25 mcg.hr Patch On 08/27/2013: 1. Dexilant DR 60 mg capsule 2. Flexeril 10 mg tablet 3. Norco 10-325 mg tablet 4. Synthroid 125 mcg tablet 5. Fantanyl 25 mcg.hr Patch On 09/11/2013: 1. Dexilant DR 60 mg capsule 2. Norco 10-325 mg tablet 3. Opana ER 30 mg On 10/08/2013: 1. Dexilant DR 60 mg capsule 2. Norco 10-325 mg tablet 3. Opana ER 30 mg On 10/18/2013: 1. Dexilant DR 60 mg capsule 2. Flexeril 10 mg tablet 3. Norco 10-325 mg tablet 4. Synthroid 125 mcg tablet 5. Fantanyl 25 mcg.hr Patch On 11/13/2013: 1. DexilantDr 60 mg capsule 2. Norco 10-325 mg tablet 3. Opana ER 30 mg tablet 4. Lidoderm 5% Patch %(700 mg/patch) 5. Miralax Powder 17 gram dose On 11/22/2013: 1. Dexilant DR 60 mg capsule 2. Flexeril 10 mg tablet 3. Norco 10-325 mg tablet 4. Synthroid 125 mcg tablet 5. Fantanyl 25 mcg.hr Patch On 12/23/2013: 1. Dexilant DR 60 mg capsule 2. Flexeril 10 mg tablet 3. Norco 10-325 mg tablet 4. Synthroid 125 mcg tablet 5. Fantanyl 25 mcg.hr Patch The diagnostic studies reviewed include Lumbar CT Scan dated 11/30/2010 revealing fusion is intact at L4 and L5, spinal stenosis at L3-4, compression of the thecal sac including the bilateral L4 nerve roots is noted at this level, and mild degenerative joint disease of the S1 joints. A cervical MRI (magnetic resonance imaging) scan dated 02/04/2011 revealed C2-C3: 2 mm central disc protrusion which mildly impresses the thecal sac. C5-C6: 2 mm central disc that also impresses the thecal sac. C6-C7: 4.2 mm left paracentral disc protrusion moderately impressing on the thecal sac.

Psychological Clearance Report for spinal cord stimulation (SCS) procedure dated 06/04/2013 concludes that the patient is psychologically cleared for this procedure. Progress report (PR-2) dated 09/11/2013 documents the patient is very distraught that her symptoms continue to worsen. The patient tried Butrans patches which also caused negative effects. The patient is using up to six Norco per day in conjunction with her Butrans. PR-2 dated 10/08/2013 documents the patient states that the trigger point injection gave her approximately 50% pain relief that lasted three weeks. She is doing well on the Opana but complains of constipation with that and the Norco. She rates her pain as 8/10. Objective findings on exam include examination of the cervical spine reveals evidence of tenderness of the paracervical muscles. There is tenderness over the trapezius musculature bilaterally. Sensory is decreased over the left C6 dermatome distribution. Motor power is 5/5 bilaterally. On assessment the patient states that her pain is decreased and her function improved with the use of these medications and without them, she would have significant difficulty tolerating even routine activities of daily living. She denies negative side effects with the medication, including sedation, cognitive impairment or constipation. PR-2 dated 11/22/2013 documented the patient with complaints of daily and continuous cervical pain which radiates into her upper extremities, bilaterally 7/10 on visual analogue scale (VAS). The patient also complains of daily and constant low back pain, facetogenic in nature which extends to her lower extremities bilaterally 7/10. Objective findings on exam documented the patient walks with an antalgic forward flexed gait pattern. The examination of the lumbar spine and lower extremities reveals palpation within normal limits. Sensory is intact in the bilateral lower extremities. There is positive facet loading. Range of motion is decreased with pain on motion. Reflexes in the knees are 1+ bilaterally and 2+ in the ankles bilaterally. She has evidence of radicular pain in both the upper and lower extremities. PR-2 dated 12/23/2013 reports the patient is currently scheduled for cervical facet blocks on 01/05/2014. The patient is documented of complaining of ongoing severe low back pain 9/10. She complains of daily and ongoing neck pain 9/10. She complains of worsening bilateral knee pain 9/10. She complains of sleep difficulty secondary to pain and complains of depression secondary to industrial injury. Objective findings on examination of the knees reveal palpable tenderness over the medial and lateral joint line. There is no diminished motion of the patella or crepitation of the patella bilaterally. Apprehension test is negative bilaterally. Lachman's test is positive bilaterally. The assessment revealed: 1. Intermittent bilateral cervical radiculopathy. 2. C5-6 and C6-7 disc degeneration/kyphosis. 3. L3-4 grade II spondylolisthesis. 4. Bilateral lumbar radiculopathy. 5. Bilateral knee degenerative joint disease. 6. L3-4 stenosis. 7. Status post previous L4-5 fusion. The discussion: in regards to denial of lumbar facet blocks there is a need to "define psychiatric issues;" therefore, request authorization for psychiatric evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

FACET BLOCK C5-C6 BILATERALLY: 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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck, Facet Joint Injections; Facet Joint Diagnostic blocks; Facet Joint pain signs and symptoms.

Decision rationale: According to the guidelines, cervical facet blocks should be limited to patients with cervical pain that is non-radicular. The 10/8/13 medical report documents cervical objective findings of tenderness and decreased sensation in the left C6 dermatome. The 11/22/13 report documents she complained of continuous cervical pain which radiates into her upper extremities, bilaterally. As per the guidelines, facet blocks are not recommended in the presence of radiculopathy. Additionally, the noted signs and symptoms of facet-mediated pain include unilateral pain that does not radiate past the shoulder, decreased range of motion (particularly with extension and rotation) and absence of radicular and/or neurologic findings. The medical records do not establish she has range of motion deficits, unilateral pain, nor absence of radicular or neurologic findings. The medical records do not establish the patient is an appropriate candidate for cervical facet blocks.

FACET BLOCK C5 BILATERALLY: 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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck, Facet Joint Injections; Facet Joint Diagnostic blocks; Facet Joint pain signs and symptoms.

Decision rationale: According to the guidelines, cervical facet blocks should be limited to patients with cervical pain that is non-radicular. However, the medical report documents cervical and decreased sensation in the left C6 dermatome on examination. Additionally, the 11/22/13 report documents subjective complaints of cervical pain that radiates into the bilateral upper extremities. According to the evidence-based guidelines, facet blocks are not recommended in the presence of radiculopathy. Additionally, the noted signs and symptoms of facet-mediated pain include unilateral pain that does not radiate past the shoulder, decreased range of motion (particularly with extension and rotation) and absence of radicular and/or neurologic findings. The medical records do not establish she has range of motion deficits, unilateral pain, nor absence of radicular or neurologic findings. The medical records do not establish the patient is an appropriate candidate for cervical facet blocks.

FACET BLOCK C6 BILATERALLY: 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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck, Facet Joint Injections; Facet Joint Diagnostic blocks; Facet Joint pain signs and symptoms.

Decision rationale: According to the guidelines, cervical facet blocks should be limited to patients with cervical pain that is non-radicular. However, the medical report documents cervical and decreased sensation in the left C6 dermatome on examination. Additionally, the 11/22/13 report documents subjective complaints of cervical pain that radiates into the bilateral upper extremities. According to the evidence-based guidelines, facet blocks are not recommended in the presence of radiculopathy. Additionally, the noted signs and symptoms of facet-mediated pain include unilateral pain that does not radiate past the shoulder, decreased range of motion (particularly with extension and rotation) and absence of radicular and/or neurologic findings. The medical records do not establish she has range of motion deficits, unilateral pain, nor absence of radicular or neurologic findings. The medical records do not establish the patient is an appropriate candidate for cervical facet blocks.

DELIXANT DR 60MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section NSAIDs (Nonsteroidal anti-inflammatory drugs), GI symptoms & cardiovascular risk Page(s).

Decision rationale: According to the guidelines, proton pump inhibitors, such as Omeprazole, are recommended for patients at risk for gastrointestinal events. The determining factors are 1) age over 65 years, 2) history of peptic ulcer, gastrointestinal bleeding or perforation, 3) concurrent use of acetylsalicylic acid (ASA), corticosteroids, and/or an anticoagulant, or 4) high dose/multiple non-steroidal anti-inflammatory drugs (NSAID) (e.g., NSAID + low-dose ASA). The medical records do not establish any of these risk factors are present in the case of this patient. It is also noted that other Proton-pump inhibitors (PPIs), such as Dexilant, should be considered second-line therapy. The studies suggest that nearly half of all PPI prescriptions are used for unapproved indications or no indications at all. The medical records do not establish this medication is appropriate and medically necessary for this patient.

TRIGGER POINT INJECTION L3 WITH LIDOCAINE AND METHYLPREDNISOLONE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Trigger point injections Page(s): 122.

Decision rationale: According to the MTUS guidelines, trigger point injections may be recommended for the treatment of chronic low back pain with myofascial pain syndrome when all of the required criteria have been met. These criteria include: documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain, radiculopathy is not present, and no repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement. According to the progress report (PR-2) dated 10/08/2013, the patient states that the trigger point injection (provided on 9/11/13), gave her approximately 50% pain relief that lasted three weeks. Three week duration of reduction of pain does not support repeated injections, per the guidelines. Additionally, the claim of pain reduction does not appear to be supported by the medical records, as the patient also reported 8/10 pain levels and decreased medication use and increased function are not demonstrated.