

Case Number:	CM13-0070920		
Date Assigned:	01/08/2014	Date of Injury:	06/20/2012
Decision Date:	06/20/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/26/2013

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 & Rehabilitation, and is licensed to practice in Texas. 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 injured worker is a 33-year-old male who reported an injury on 06/20/2012. The mechanism of injury was not provided in the clinical documentation provided. The clinical note dated 11/07/2013 reported the injured worker complained of hearing a crack in his neck while showering and now had restricted range of motion in the neck. The injured worker noted trying to work but was unable. The injured worker noted being hypersensitive to light and sound. The injured worker noted he had migraines daily which woke him up. The injured worker was prescribed Motrin, Fioricet, Norco, and Lidoderm. The injured worker noted pain which interfered significantly with the ability to perform all activities of daily living including work, sleep, concentration, mood, relationships, and overall functioning. Upon the physical exam, the provider noted diffuse moderate tenderness to palpation over the entire left shoulder and scapular region with severely tender trigger points palpable in rhomboids and 4 locations, 2 along the medial scapular border, when adjacent to T9. The provider noted tenderness to palpation over the cervical paraspinal musculature from C3-7. Cervical range of motion was decreased from 2%. Forward flexion was at 35%. The provider noted muscular strength is 5/5 in all 4 muscle groups. The provider noted deep tendon reflexes were intact with normal limits. The injured worker has diagnoses of cervical degenerative disc disease, cervical radiculopathy, chronic subscapular/interscapular pain, and migraines. The provider requested for Motrin 800 mg #90 with 3 refills, medial branch facet blocks left C5, medial branch facet blocks left C6, medial branch facet blocks left C7, and Skelaxin 800 mg #90 with 3 refills. The Request for Authorization was submitted and signed on 11/07/2013. However, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MOTRIN 800 MG #90 WITH 3 REFILLS: 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 NSAIDs (non-steroidal Page(s): 67-68.

Decision rationale: The request for Motrin 800 mg #90 with 3 refills is non-certified. The injured worker reported hearing a crack in the neck while showering and now had restricted range of motion in the neck. The injured worker noted having hypersensitivity to light and sound. The injured worker reported having migraines daily which sometimes wake the injured worker up. The injured worker was prescribed Motrin, Fioricet, Norco, and Lidoderm. The injured worker reported having pain which interfered significantly with the ability to perform activities of daily living including work, sleep, concentration, mood, relationships, and overall functioning. The California MTUS Guidelines note NSAIDS specific recommendations are for osteoarthritis including knee and hip. The guidelines recommend Motrin at the lowest dose for the shortest period in patients with moderate to severe pain. The guidelines note there is no evidence of long-term effectiveness for pain function. Additionally, the injured worker has been utilizing the medication for an extended period of time which exceeds the guideline recommendations for use for a short period with patients with moderate to severe pain. Therefore, Motrin 800 mg #90 with 3 refills is non-certified.

MEDIAL BRANCH FACET BLOCKS: LEFT C5: 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 (ODG), Neck and Upper Back, facet joint medial branch block.

Decision rationale: The request for medial branch facet blocks left C5 is non-certified. The injured worker complained of hearing a crack in the neck while showering and now had restricted range of motion in the neck. The injured worker reported having migraines daily which awakened the injured worker at night. The injured worker reported pain which interferes significantly with the ability to perform activities of daily living including work, sleep, concentration, mood, relationships, and overall functioning. The Official Disability Guidelines recommend medial branch blocks prior to facet neurotomy. The guidelines note one set of diagnostic medial branch blocks is required with a response of greater than 70 %. The guidelines also note they are limited to injured workers with cervical pain that is non-radicular and at no more than two levels bilaterally. The guidelines note documentation of failure of conservative treatment including home exercise, physical therapy and NSAIDs prior to the procedure for at least 4-6 weeks. There is lack of documentation indicating the injured worker

to have tried and failed on conservative therapy including NSAIDs, home exercise and physical therapy. Therefore, the request for medial branch facet blocks left C5 is non-certified. However, the rationale was not provided for review.

MEDIAL BRANCH FACET BLOCKS: LEFT C6: 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 (ODG), Neck and Upper back, facet joint medial branch block.

Decision rationale: The request for medial branch facet blocks left C6 is non-certified. The injured worker complained of hearing a crack in the neck while showering which had restricted range of motion in the neck. The injured worker reported having migraines daily which wake the injured worker up. The injured worker reported having pain which interferes significantly with the ability to perform activities of daily living including work, sleep, concentration, mood, relationships, and overall functioning. The Official Disability Guidelines recommend medial branch blocks prior to facet neurotomy. The guidelines note one set of diagnostic medial branch blocks is required with a response of greater than 70 %. The guidelines also note they are limited to injured workers with cervical pain that is non-radicular and at no more than two levels bilaterally. The guidelines note documentation of failure of conservative treatment including home exercise, physical therapy and NSAIDs prior to the procedure for at least 4-6 weeks. There is lack of documentation indicating the injured worker to have tried and failed on conservative therapy including NSAIDs, home exercise and physical therapy. Therefore, the request for medial branch facet blocks left C5 is non-certified.

MEDIAL BRANCH FACET BLOCKS: LEFT C7: 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 (ODG), Neck and Upper Back, facet joint medial branch block.

Decision rationale: The request for medial branch facet blocks left C7 is non-certified. The injured worker complained of hearing a crack in the neck while showering which has now restricted range of motion in the neck. The injured worker complained of migraines which awaken the injured worker. The injured worker complained of pain which interferes significantly with the ability to perform activities of daily living including work, sleep, concentration, mood, relationships, and overall functioning. The Official Disability Guidelines recommend medial branch blocks prior to facet neurotomy. The guidelines note one set of diagnostic medial branch blocks is required with a response of greater than 70 %. The guidelines also note they are limited to injured workers with cervical pain that is non-radicular

and at no more than two levels bilaterally. The guidelines note documentation of failure of conservative treatment including home exercise, physical therapy and NSAIDs prior to the procedure for at least 4-6 weeks. There is lack of documentation indicating the injured worker to have tried and failed on conservative therapy including NSAIDs, home exercise and physical therapy. Therefore, the request for medial branch facet blocks left C7 is non-certified.

SKELAXIN 800 MG #90 WITH 3 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MUSCLE RELAXANTS, (FOR PAIN).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain), Page(s): 63, 65.

Decision rationale: The request for Skelaxin 800 mg #90 with 3 refills is non-certified. The injured worker reported hearing a crack in the neck while showering, which now has restricted range of motion in the neck. The injured worker reported having hypersensitivity to light and sound. The injured worker reported having migraines which awaken the injured worker. The injured worker reported pain which significantly restricts ability to perform activities of daily living including work, sleep, concentration, mood, relationships, and overall functioning. The California MTUS recommends non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. Guidelines also note muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. However, in most low back cases, they show no benefit beyond NSAIDs in pain and overall improvement. The guidelines also indicate that the medication is not recommended to be used longer than 2 to 3 weeks. The provider's rationale for the request was unclear. Additionally, the injured worker has been utilizing the medication for an extended period of time which exceeds the guidelines' recommendations of 2 to 3 weeks. There is lack of documentation indicating the medication had been providing objective functional benefit and improvement. Additionally, the request submitted failed to provide the frequency of the medication. Therefore, the request for Skelaxin 800 mg #90 with 3 refills is non-certified.