

Case Number:	CM13-0072416		
Date Assigned:	01/08/2014	Date of Injury:	01/24/2003
Decision Date:	04/15/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	12/30/2013

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 Anesthesiology, Pain Management and is licensed to practice in Florida. 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 patient is a 51-year-old female who reported an injury on 01/24/2003. The patient was reportedly injured as a result of repetitive work duties. The patient is currently diagnosed with C3-6 fusion with residual pain, myofascial pain syndrome, status post bilateral shoulder surgery, demineralization of vertebral bodies around the surgical screws, and new onset weakness in the right ulnar side of the hand. The patient was seen on 11/13/2013. The patient reported persistent pain. Physical examination revealed restricted cervical range of motion, muscular trigger points, weakness, and numbness bilateral hands. Treatment recommendations included continuation of current medications and cervical facet blocks bilaterally at C3-6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 prescription of Carisoprodol 350mg, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66, 124.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second-line options for short-term treatment of acute exacerbations in patients with

chronic lower back pain. Soma should not be used for longer than 2 to 3 weeks. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. The patient's physical examination continues to reveal multiple trigger points. As guidelines do not recommend long-term use of this medication, the current request is non-certified.

Prospective request for unknown prescription of Norco: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. There is no change in the patient's physical examination that would indicate functional improvement. Based on the clinical information received, the request is non-certified.

Prospective request for 1 cervical facet blocks bilaterally C3 through C6: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Facet Joint Diagnostic Blocks.

Decision rationale: California MTUS/ACOEM Practice Guidelines state invasive techniques such as facet joint injections have no proven benefit in treating acute neck and upper back symptoms. Official Disability Guidelines state clinical presentation should be consistent with facet joint pain, signs and symptoms. As per the documentation submitted, the patient does not demonstrate facet mediated pain upon physical examination. There was no imaging studies provided for review. There is no documentation of a failure of recent conservative treatment. Additionally, facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. The patient is diagnosed with C3-6 fusion. Based on the clinical information received, the request is non-certified.