

Case Number:	CM14-0006023		
Date Assigned:	03/03/2014	Date of Injury:	08/01/1992
Decision Date:	06/30/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/13/2014

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 Anesthesiology 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 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 50-year-old female with an injury reported on 08/01/1992. The mechanism of injury was not provided within the clinical notes. The clinical note dated 01/09/2014, reported that the injured worker complained of cervical pain that was described as an aching, burning, dull, inconsistent, pounding, heaviness that radiated to the jaw. The examination of the neck revealed pain to palpation over the C2-C3, C3-C4, and C5-C6 facet capsules bilaterally. The injured worker's diagnoses included left shoulder pain, left arm pain, headaches, cervicalgia with radiculopathy, thoracic outlet syndrome, and opiate induced constipation. The request for authorization was submitted on 01/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

NUCYNTA EXTENDED-RELEASE (ER) 50MG #60: 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) PAIN, TAPENTADOL (NUCYNTA).

Decision rationale: The injured worker complained of right and left neck pain, that radiated to jaw. According to the Official Disability Guidelines, Nucynta is recommended as second line therapy for patients who develop intolerable adverse effects with first line opioids. These recent large random controlled trails (RCTs) concluded that Nucynta was efficacious and provided efficacy that was similar to oxycodone for the management of chronic osteoarthritis knee and low back pain, with a superior gastrointestinal tolerability profile and fewer treatment discontinuations. There is a lack of documentation of the history of the injured workers pharmaceutical pain treatment and the effects of the prior medications on the injured workers pain and function. There is a lack of clinical information indicating that the injured worker developed an intolerable adverse effects with a first line opioid. Also, the injured workers need for the medication was unclear as she was prescribed Percocet as well. Therefore, the request for Nucynta extended-release (ER) 50mg #60 is not medically necessary.

NAPROSYN 500MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, SPECIFIC DRUG LIST & ADVERSE EFFECTS Page(s): 70-73.

Decision rationale: The injured worker complained of cervical pain that radiated to her jaw. The Chronic Pain Guidelines recommend that the maximum dose on day one (1) should not exceed 1,250 mg and 1,000 mg on subsequent days. The maximum dose on day one (1) should not exceed 1,375 mg and 1,100 mg on subsequent days. There is a lack of documentation of the effectiveness of Naprosyn, and if the injured worker is taking the medication appropriately. There is also a lack of information of any adverse reactions noted with the use of the non-steroidal anti-inflammatory drug (NSAID). Therefore, the request for Naprosyn 500mg #60 is not medically necessary.

PERCOCET 5/325MG #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, OPIOIDS SPECIFIC DRUG LIST Page(s): 92.

Decision rationale: The injured worker complained of cervical pain that radiated to her jaw. The Chronic Pain Guidelines indicate that the oxycodone dosage is based the content and should be administered every four to six (4 to 6) hours as needed for pain. Initially, the dosage is 2.5 to 5 mg by mouth, every 4 to 6 hours, as needed. The maximum daily dose is based on acetaminophen content (Maximum 4,000mg/day). For more severe pain the dose (based on oxycodone) is 10-30mg every 4 to 6 hours, as needed for pain. The dose should be reduced in patients with severe liver disease. There is a lack of documentation indicating the effectiveness of Percocet, and if the injured worker is taking the medication appropriately. There is also a lack

of information of any adverse reactions noted associated with opioids. It was unclear if there was any improvement in pain and function with the utilization of Percocet. It was also unclear if a urine drug screening has recently been conducted. Therefore, the request for Percocet 5/325mg #180 is not medically necessary.

DORSAL RAMI DIAGNOSTIC BLOCK (DRDB) OF THE CONTRALATERAL SIDE:

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-TWC, NECK AND UPPER BACK PROCEDURE SUMMARY; AND PAIN PROCEDURE SUMMARY.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN, FACET JOINT DIAGNOSTIC BLOCK.

Decision rationale: The injured worker complained of cervical pain that radiated to her jaw. The Official Disability Guidelines indicate that clinical presentation should be consistent with facet joint pain, signs & symptoms. One (1) set of diagnostic medial branch blocks is required with a response of $\geq 70\%$. Limited to patients with cervical pain that is non-radicular and at no more than two (2) levels bilaterally. There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least four to six (4-6) weeks. No more than two (2) joint levels are injected in one (1) session. The guidelines also indicate that diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. It is currently not recommended to perform facet blocks on the same day of treatment as epidural steroid injections or stellate ganglion blocks or sympathetic blocks or trigger point injections as this may lead to improper diagnosis or unnecessary treatment. The injured worker was status-post dorsal rami diagnostic block of the cervical spine with [REDACTED] on 12/17/2014. It was noted that the injured worker was noted with almost full resolution of her axial spinal pain. There is a lack of documentation of the actual effectiveness of the dorsal rami diagnostic block (DRDB), to include the percentage of decreased pain and the longevity of effectiveness. There is also a lack of documentation of the injured worker's unresponsiveness to physical therapy sessions or exercises. Therefore, the request for dorsal rami diagnostic block (DRDB) of the contralateral side is not medically necessary.