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| <b>Case Number:</b>   | CM14-0109316 |                              |            |
| <b>Date Assigned:</b> | 08/01/2014   | <b>Date of Injury:</b>       | 04/29/1996 |
| <b>Decision Date:</b> | 10/02/2014   | <b>UR Denial Date:</b>       | 06/18/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/14/2014 |

### 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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of April 29, 1996. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; a TENS unit; epidural steroid injection therapy; unspecified amounts of physical therapy and acupuncture; and reported return to regular duty work. In a Utilization Review Report dated June 17, 2014, the claims administrator failed to approve a request for urine drug screen, bilateral facet injections at C1-C2, Norco, and Kadian. The applicant's attorney subsequently appealed. In a June 24, 2014 appeal letter, the attending provider noted that the applicant was working full time at [REDACTED] as a diagnostic mammographer despite ongoing complaints of neck, back, and hip pain. The applicant was status post earlier C1-C2 facet injections on January 28, 2014, it was acknowledged. The applicant did have issues with neck spasm and stiffness, it was further noted. Tenderness was noted about the greater trochanteric bursa of the hip. Limited cervical range of motion was noted with 5/5 bilateral upper extremity strength appreciated. The applicant was status post cervical laminectomy and fusion, it was stated. A urine drug screen, Kadian, Norco, and facet injections were sought. The attending provider stated that the applicant had demonstrated treatment success with opioid therapy as evinced by her successful return to work. It was stated that the applicant was now only using three tablets of Norco daily.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Bilateral Permanent Cervical Facet Injection at C1 and C2: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 181, facet injections of corticosteroids are deemed "not recommended." In this case, it is further noted that there is considerable lack of diagnostic clarity. The applicant earlier underwent cervical fusion surgery, presumably for cervical radiculopathy. It is further noted that the applicant had at least one prior cervical injection in January 2014 and failed to derive any lasting benefit or functional improvement as defined in MTUS 9792.20f through the same. The applicant remained highly reliant and highly dependent on opioid agents. The facet injection provided only fleeting relief, the attending provider further acknowledged. Pursuing a repeat facet injection, on balance, is not indicated, given the considerable lack of diagnostic clarity, the applicant's lack of functional improvement as defined in MTUS 9792.20f through the earlier facet injection, and the unfavorable ACOEM position on facet injections. The request for a Bilateral Permanent Cervical Facet Injection at C1 and C2 is not medically necessary.

## **Urine Drug Screen: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation ODG Chronic Pain Chapter, Urine Drug Testing

**Decision rationale:** While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. As noted in ODG's Chronic Pain Chapter Urine Drug Testing topic, an attending provider should clearly state which drug tests and/or drug panels he intends to test for; state when an applicant was last tested, and attaches an applicant's complete medication list to the request for authorization for testing. In this case, the attending provider did not state what drug tests and/or drug panels were being sought here. While the attending provider did state that the applicant was last tested in December 2013, the attending provider did not state what drug tests and/or drug panels were being tested for here. It was not readily evident whether the attending provider was performing standard drug testing which conformed to the best practices of the United State Department of Transportation (DOT), as suggested by ODG, or rather, was intent on performing nonstandard drug testing. Therefore, the request for a Urine Drug Screen is not medically necessary.

**Hydrocodone/Apap 10/325mg #180: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77-78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the applicant is reportedly deriving appropriate analgesia and improved ability to perform activities of daily living through ongoing hydrocodone-acetaminophen usage, the attending provider has posited. The applicant has returned to and is maintaining full-time work status; it has further been suggested, as a mammographer at [REDACTED] Continuing hydrocodone-acetaminophen, on balance, is therefore indicated. Accordingly, the request for Hydrocodone/Apap 10/325mg #180 is medically necessary.

**Kadian 10mg #30: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77-78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the applicant has returned to and/or maintained successful return to work status with ongoing opioid usage, including ongoing Kadian usage. The attending provider has posited that ongoing usage of the same has proven effective in ameliorating the applicant's pain complaints. Continuing the same, on balance, is therefore indicated. Accordingly, the request for Kadian 10mg #30 is medically necessary.