

Case Number:	CM14-0016044		
Date Assigned:	06/04/2014	Date of Injury:	07/17/2009
Decision Date:	08/04/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/07/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 53-year-old female who reported an injury on 07/17/2009, caused by an unknown mechanism. On 03/22/2010, the injured worker underwent an MRI of the cervical spine that revealed 2 mm left paracentral disc protrusion at C6-7 causing trace effacement of the anterior cord. There was moderate left neural foraminal stenosis due to uncinete spurring was seen at C4-5 and bilaterally at C5-6. On 02/03/2014, the injured worker complained of throbbing and shooting pain in her shoulder and left neck. She reported that the frequency of pain was intermittent on a pain scale of 8/10 being the worst and a 0/10 being the least. It was reported that the injured worker stated with opioids her sitting and standing was improved by 60%. On the physical examination of the cervical spine revealed no evidence of scar, spasm, or deformity. The range of motion of the cervical spine was reduced. The range of motion of the cervical spine of the left lateral bending was 35 degrees, flexion 50 degrees, rotation 70 degrees, and left lateral rotation 60 degrees. There was tenderness present over the cervical paravertebral region on the left side at C4-5 and C5-6 levels. The Spurling test was positive on the left and right side of the neck for pain. The diagnoses included spondylosis cervical, adhesive capsulitis of the shoulder, joint pain shoulder, and partial tear of the rotator cuff, lateral epicondylitis of the elbow, tenosynovitis wrist, and carpal tunnel syndrome. It was noted that the injured worker continued to have neck pain and tenderness to palpation of the facet joints and paraspinal muscles at the left C4-5 and C5-6. It was noted that the injured worker complained of limited range of motion and pain with supraspinatus testing. It was stated that the use of Naproxen 550mg did decrease her pain related to inflammation however, it caused her nausea and increased heartburn, and as such Omeprazole 20 mg was prescribed to relieve the GI side effects. It was noted that the injured worker was prescribed Tramadol 50 mg for breakthrough pain. The injured worker continued her home exercise program as tolerated. However, there is a lack of

documentation to measure the outcome of the home exercise program for the injured worker. The treatment plan included for decision for medial branch blocks at C4-5 and C5-6 left side, Naprosyn 550mg and Omeprazole 20mg. The authorization for request was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDIAL BRANCH BLOCKS AT C4-5 AND C5-6, LEFT 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), Regarding Cervical Facet Blocks.

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 and Upper Back (Acute & Chronic) Facet joint diagnostic blocks.

Decision rationale: According to the The California MTUS/ACOEM Guidelines, invasive techniques have no proven benefit in treating acute neck and upper back symptoms. More specifically, the Official Disability Guidelines recommends documented conservative care including home exercise, physical therapy and medications, prior to procedure for 4-6 weeks. Furthermore the guidelines indicate using a log to record activity to support subjective finding for medication use. The log should include the maximum pain relief, maximum pain duration and better pain control using the VAS pain scale. The diagnoses included spondylosis, cervical, adhesive capsulitis of the shoulder, joint pain, and shoulder, partial tear of the rotator cuff, and lateral epicondylitis of the elbow, tenosynovitis wrist and carpal tunnel syndrome. The documentation provided on 02/03/2014 had lack of evidence of conservative care such pain management / physical therapy and the outcome the home exercise regimen. As such, the request for the Medial Branch Blocks at C4-C5 and C5-C6, Left Side is not medically necessary.

NAPROSYN 550 MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, NSAIDs (Non- Steroidal Anti-Inflammatory Drugs) and NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 22, 67 and 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, NSAIDs (non- steroidal anti-inflammatory drugs) and NSAIDs, GI symptoms & cardiovascular risk Page(s): 22, 67 AND 68.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines state NSAIDs may be recommended as a second-line treatment for acute exacerbations of chronic back pain after acetaminophen. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute LBP. In patients with axial low back pain this same review found that NSAIDs were not more effective than acetaminophen for acute low-back pain,

and that acetaminophen had fewer side effects. The guidelines also state that all NSAIDs have the potential to raise blood pressure in susceptible patients. The greatest risk appears to occur in patients taking the following anti-hypertensive therapy angiotensin-converting enzyme (ACE) inhibitors; angiotensin receptor blockers; beta blockers; or diuretics. In addition, congestive heart failure may develop due to fluid retention. The documentation submitted for review indicated that use of Naprosyn was causing significant side effects and the injured worker had been using for an extended periods. Therefore, continued use would not be supported. In addition, the request does not include frequency of the medication and duration of usage of the Naprosyn for the injured worker. Given the above, the request for Naprosyn 550mg is not medically necessary.

OMEPRAZOLE 20 MG, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton pump inhibitors Page(s): 68-69.

Decision rationale: Per California Medical Treatment Utilization Schedule (MTUS) Guidelines, Omeprazole 20 mg is recommended for patients taking NSAIDs who are at risk of gastrointestinal events. The documentation provided did state that the injured worker having gastrointestinal events and the Omeprazole resolves the issue, however the request lacked frequency of the medication for the injured worker. In addition, continued use of Naprosyn is not supported. Given the above, the request for Omeprazole 20 mg # 30 is not medically necessary.

TRAMADOL 50 MG, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: Per the Chronic Pain Medical Treatment Guidelines (MTUS) recommend that continued use of an opiate for treatment of moderate to severe pain, with documented objective evidence of functional benefit. The guidelines state the criteria for use for ongoing management of opiates, including ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also states that the pain assessment should include current pain level; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. The guidelines also state that 4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. The injured worker has been using on-going approximately since 01/2014 it was noted the injured worker had improved sitting and standing by 60% while being on the Opioids however, there was lack of documentation on functional

improvement noted. In addition, there was no urine drug screen submitted for the injured worker to indicate opioids compliance while being on the opiate. In addition, the request did not include the frequency or duration of the medication. Given the above, the request for Tramadol 50 mg # 60 is not medically necessary.