

<b>Case Number:</b>	CM14-0016574		
<b>Date Assigned:</b>	04/11/2014	<b>Date of Injury:</b>	08/19/2001
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	01/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 patient is a 63-year-old male who has filed a claim for cervical degenerative disc disease associated with an industrial injury date of August 19, 2001. The review of the progress notes indicates that the right cervical medial branch performed in December 2013 decreased pain levels from 7/10 to 0/10 one and a half hour later, with increased mobility of the cervical spine. The findings include tenderness over the cervical musculature and right cervical facet joints, and right-sided cervical pain with extension/flexion. An MRI of the cervical spine dated January 25, 2010 showed multilevel disc degeneration resulting in spinal stenosis centrally and towards the right at C4-5 and less severe at C5-6, and multilevel bilateral foraminal narrowing. The treatment to date has included NSAIDs, muscle relaxants, opioids, trigger point injections, left cervical medial branch block with radiofrequency lesioning, and right cervical medial branch block.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RIGHT CERVICAL RADIOFREQUENCY C3-4 AND C5-6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 300-301.

**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 chapter, Facet joint radiofrequency neurotomy.

**Decision rationale:** The CA MTUS states that there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. In addition, the ODG criteria for cervical RFA include at least one set of diagnostic medial branch blocks with a response of greater than 70%, no more than two joint levels will be performed at one time, and evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. In this case, progress notes indicate that the patient received right cervical medial branch blocks to the C3-4 and C4-5 facet joints with about 70% decrease in pain scores and increased mobility of the cervical spine. The requested procedure involves the C3-4 and C5-6 levels, which is not consistent with the progress notes. Also, there is no documentation regarding a formal plan of additional evidence-based conservative care. Therefore, the request for right cervical radiofrequency C3-4 and C5-6 was not medically necessary.

**TRAMADOL ER 200MG #30 WITH ONE REFILL:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; On-Going Management Page(s): 78-82.

**Decision rationale:** As noted on pages 78-82 of the CA MTUS Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The patient has been on this medication since at least July 2013. There is no documentation regarding symptomatic improvement or objective functional benefits derived from this medication, or of periodic urine drug screens to monitor medication use. Therefore, the request for tramadol ER 200 mg #30 with one refill was not medically necessary.

**TRAMADOL 50MG #90 WITH ONE REFILL:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-80,81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; On-Going Management Page(s): 78-82.

**Decision rationale:** As noted on pages 78-82 of the CA MTUS Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The patient has been on this medication since at least July 2013. There is no documentation regarding symptomatic improvement or objective functional benefits derived from this medication, or of periodic urine drug screens to monitor medication use. Therefore, the request for tramadol 50 mg #90 with one refill was not medically necessary.

**FLEXERIL 10MG #90 WITH ONE REFILL:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : Cyclobenzaprine (Flexeril) Page(s): 41-42.

**Decision rationale:** The CA MTUS Chronic Pain Medical Treatment Guidelines state that cyclobenzaprine is a skeletal muscle relaxant and a CNS depressant that is recommended as a short-course therapy. The effect is greatest in the first 4 days of treatment. The patient has been on this medication since at least July 2013. There is no documentation regarding acute exacerbations of pain or of significant muscle spasms to support the continued use of this medication. Also, this medication is not recommended for chronic use. Therefore, the request for Flexeril 10 mg #90 with one refill was not medically necessary.