

Case Number:	CM14-0017777		
Date Assigned:	04/16/2014	Date of Injury:	02/13/1995
Decision Date:	06/10/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	02/12/2014

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 Internal Medicine and Emergency Medicine 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:

This patient is a 53 year-old female with a date of injury of 02/13/95. A progress report associated with the request for services, dated 12/27/13, identified subjective complaints of neck pain into the right arm and hand. Objective findings included tenderness to palpation of the neck with decreased range-of-motion. Motor and sensory function was normal. Diagnoses included arthritis of the cervical spine. Treatment has included cervical fusion and physical therapy. The patient has been on long-term oral opioids and muscle relaxants. A Utilization Review determination was rendered on 01/14/14 recommending non-certification of "1 medial branch block at right C3, C4, C5, C6 with sedation; Norco 10/325mg #120 with 2 refills; and Amrix 30mg #30 with 5 refills".

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MEDIAL BRANCH BLOCK AT RIGHT C3, C4, C5, C6 WITH SEDATION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174, 181.

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

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) states diagnostic blocks are not recommended. The Official Disability Guidelines (ODG) states that facet joint medial branch blocks are recommended as a diagnostic tool prior to facet neurotomy. However, no more than one set of medial branch diagnostic blocks are recommended. Criteria for diagnostic blocks include: - One set of diagnostic medial branch blocks is required with a response of > 70%. - Limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally. - No more than two facet joint levels are injected in one session (3 nerves). - There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. - IV sedation may negate the results of a diagnostic block and should only be given in cases of extreme anxiety. - To more accurately locate the level of involvement, the amount of injectate should be limited to 0.25 - 0.5 cc. - Diagnostic blocks should not be performed in patients who have had a previous fusion at the planned injection level or in whom surgery is planned. In this case, the above criteria have not been met. Specifically, there is limited documentation of the failure of conservative management. Likewise, only 3 nerves (two levels) should be done at one time. Also, the above criteria note that diagnostic blocks should not be performed if there has been a previous fusion at the planned level. Further, the Official Disability Guidelines state that sedation is contraindicated with diagnostic medial branch block injections. Therefore, there is no documentation in the record for the medical necessity of a medial branch block at C3, C4, C5, and C6.

NORCO 10/325MG #120 WITH 2 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines HYDROCODONE/ACETAMINOPHEN (NORCO); ON-GOING MANAGEMENT, WHEN TO.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181, Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-96.

Decision rationale: Norco 10/325 is a combination drug containing acetaminophen and the opioid hydrocodone. The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines related to on-going treatment of opioids state that there should be documentation and ongoing review of pain relief, functional status, appropriate use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid state that there should be documentation and ongoing review of pain relief, functional status, appropriate use, and side effects. The guidelines note that a recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of the key outcome goals including pain relief, improved quality of life, and/or improved functional capacity (Eriksen 2006). The Chronic Pain Guidelines also state that with chronic low back pain, opioid therapy "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (> 16 weeks), but also appears limited." Additionally, "There is also no evidence that opioids showed long-term benefit or improvement in function when used as treatment for chronic back pain (Martell - Annals, 2007)." The MTUS further states that opioids are not recommended for neck complaints for more than 2 weeks. The Official Disability Guidelines (ODG) state: "While long-term opioid therapy may benefit some patients with severe suffering that has been refractory to other medical

and psychological treatments, it is not generally effective achieving the original goals of complete pain relief and functional restoration." Therapy with Norco appears to be ongoing. The documentation submitted lacked a number of the elements listed above, including the level of functional improvement afforded by the chronic opioid therapy. The non-certification was based upon allowing refills without documenting its ongoing success. Therefore, the record does not demonstrate the medical necessity for Norco as requested.

AMRIX 30MG #30 WITH 5 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE (AMRIX (R)).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 41-42; 63-66.

Decision rationale: Amrix (cyclobenzaprine) is an antispasmodic muscle relaxant. The Medical Treatment Utilization Schedule (MTUS) states muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations of low back pain. They note that in most low-back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also, there is no additional benefit shown in combination of NSAIDs. Likewise, the efficacy diminishes over time. The MTUS states that cyclobenzaprine is indicated as a short course of therapy. Limited, mixed evidence does not allow a recommendation for cyclobenzaprine for chronic use. Though it is noted that cyclobenzaprine is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. They further state that treatment should be brief and that addition of cyclobenzaprine to other agents is not recommended. The Guidelines do note that cyclobenzaprine has been shown to produce a moderate benefit in the treatment of fibromyalgia. The record does not show any evidence of fibromyalgia, and other indications for Amrix beyond a short course are not well supported. The patient has been on Amrix for a prolonged period. Likewise, it has not been prescribed in the setting of an acute exacerbation of symptoms. Therefore, based upon the Guidelines, the record does not document the further medical necessity for Amrix (cyclobenzaprine).