

<b>Case Number:</b>	CM14-0019686		
<b>Date Assigned:</b>	04/28/2014	<b>Date of Injury:</b>	04/05/2001
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	02/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2014

### 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 an employee of [REDACTED] and has submitted a claim for cervicalgia and lumbago associated with an industrial injury date of April 5, 2001. Treatment to date has included oral analgesics, muscle relaxants, AEDs, intra-articular facet blocks in the neck, epidural steroid injections, physical therapy, chiropractic therapy, acupuncture, and TENS. Medical records from 2013-2014 were reviewed, which showed pain on the neck, upper and lower back, gluteal area, and thighs. The pain radiates to the left upper and lower extremities, right arm, and right ankle. Physical examination showed limitation of motion of the lumbar spine with decreased motor strength in the right lower extremity, and a positive lumbar facet loading especially on the right side. The patient was diagnosed with chronic cervicalgia, chronic lumbar pain, recurrent myofascial strain, and referred pain in the upper and lower extremities more on the left side. The patient has been taking Norco as far back as October 2012, among other pain medications. Intra-articular facet blocks in the neck region were performed at C2-C3 and the third occipital nerve level on the left side on January 3, 2014; however, the outcome of these injections was not discussed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RADIOFREQUENCY OF THE CERVICAL, LEFT C2, C3 & TON:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

**Decision rationale:** As stated on page 173 of the ACOEM Low Back Guidelines, there is limited evidence that radiofrequency (RFA) neurotomy may be effective in relieving or reducing cervical facet joint pain among patients who had a positive response to facet injections; caution is needed due to the scarcity of high-quality studies. In addition, criteria for cervical RFA include at least one set of diagnostic medial branch blocks with a response of greater or equal to 70% for at least two hours; limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally; documentation of failure of conservative treatment prior to the procedure for at least 4-6 weeks; and evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. In this case, intra-articular facet blocks in the neck region were performed at C2-C3, and the third occipital nerve level on the left side on January 3, 2014 however the outcome of these injections was not discussed. Moreover, there was no discussion regarding plans of additional conservative care as adjunct to facet joint therapy. The guideline criteria have not been met. As such, the request is not medically necessary.

**HYDROCODONE-ACETAMINOPHEN 10/325MG, #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** Page 78 of the California MTUS Chronic Pain Medical Treatment Guidelines specifies that four domains have been proposed as most relevant for ongoing monitoring of chronic pain patient on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potential aberrant (on non-adherent) drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient has been taking Norco as far back as October 2012. However, the medical records did not reflect objective evidences of continued analgesia, functional benefit or a lack of adverse side effects or aberrant behavior. There is no clear indication for continued use of this medication. As such, the request is not medically necessary.