

<b>Case Number:</b>	CM14-0112393		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	03/10/2008
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	07/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### 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 Orthopedic Surgery, and is licensed to practice in Texas. 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 27-year-old female who is reported to have sustained injuries to her neck and upper extremities as a result of workplace activity occurring on 03/10/2008. The specific mechanism of injury is not documented. The records suggest the potential for cumulative trauma. Most recent clinical data indicates that the injured worker has complaints of axial cervical pain with radiation to the bilateral upper extremities. An agreed medical evaluation (AME) has suggested the potential for thoracic outlet syndrome. The record further includes dental records secondary to temporomandibular joint (TMJ) dysfunction. Per a progress report dated 06/30/14, there are complaints of cervical spine pain, numbness and tingling, radicular pain and weakness in the bilateral upper extremities. It is reported that ice, narcotics and stretching improve the condition while turning to the right exacerbates her condition. On physical examination there is pain and muscle spasm in the right trapezius and supraspinatus muscles. There are subjective reports of transient paresthesias to both upper extremities. There are findings of impingement involving the right shoulder. There is tenderness over the C2-3 and C5-6 facet joints, myofascial pain with triggering, ropy fibrotic banding, spasm and pain with rotational extension. Spurling's test is positive on the right. Maximum foraminal compression test is positive on the right. The records include a utilization review determination dated 07/15/14 in which requests for Norco 10/325 mg every 6 hours #120, ondansetron 4 mg 1-2 every 6 hours as needed for nausea #90, and consultation with a specific doctor regarding radiofrequency neurolysis were not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg every 6 hours #120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Opioids for chronic pain Page(s): 74-80,80-82.

**Decision rationale:** The request for Norco 10/325 mg every 6 hours #120 is not supported as medically necessary. The available clinical records indicate that the injured worker has chronic history of cervical pain with radiation to the bilateral upper extremities. The submitted clinical records provide no data which suggests that the injured worker has a signed pain management contract or has undergone routine or random urine drug screens to assess for compliance. The submitted clinical records contain no visual analogue scale (VAS) scores from which to establish the efficacy of this medication. Based on the data provided, the injured worker does not meet criteria for continued chronic use of opiate medications per the California MTUS Guidelines.

**Ondansetron 4mg 1-2 every 6 hours as needed for nausea #90: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Anti-emetics.

**Decision rationale:** The request for ondansetron 4 mg 1-2 every 6 hours as needed for nausea #90 is not supported as medically necessary. The submitted clinical records indicate that the injured worker has chronically been maintained on oral medications for axial cervical pain with radiation to the bilateral upper extremities. The records provide no information which establishes that the injured worker has medication induced gastritis, nausea or vomiting as a result of her medication use. Therefore, there would be no clinical indication for this medication and medical necessity is not established.

**Consultation with a specific doctor regarding radiofrequency neurolysis: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability guidelines, low back procedure summary, evaluation and management, criteria for use of facet joint radiofrequency neurotomy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Page 127.

**Decision rationale:** The request for consultation with a specific doctor regarding radiofrequency neurolysis is recommended as medically necessary. Per the submitted clinical records, the injured worker has axial cervical pain with subjective complaints of radiation to the bilateral upper extremities. EMG/NCV is noted to be negative. She has positive facet findings on physical examination with no evidence of an active cervical radiculopathy. The record notes that the injured worker has previously undergone radiofrequency ablation bilaterally at C2, C3, C5, and C6 and on the right at C4 with benefit on 09/22/10. Records further indicate that the injured worker underwent a repeat procedure on 09/01/12 with documentation of 80% relief. Therefore, the injured worker would meet criteria for repeat radiofrequency ablation and therefore, consultation is clinically indicated. The request is medically necessary.