

<b>Case Number:</b>	CM14-0112793		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	09/25/1997
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	07/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/19/2014

### 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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 62 year old female who sustained an injury on 09/25/97. No specific mechanism of injury was noted. The injured worker had recent left shoulder surgery in 01/14 and was referred for post-operative physical therapy. The injured worker also had been followed for complaints of neck pain despite multiple medications including Norco 10/650mg three to four tablets per day Celebrex 200mg twice daily and topical lotion. Prior surgical procedures included lumbar fusion in 1998 left total knee replacement in 2001 and lumbar fusion from L3 through L5 in 2003. The injured worker also had prior cervical fusion from C5 to C7 in 2012. The injured worker underwent left C2-3 and C3-4 intraarticular facet joint injections on 06/02/14. Following the injections the injured worker reported approximately 50% relief in the anesthetic phase. As of 07/21/14 the injured worker was continuing to utilize Norco 10/325mg every six hours. The report indicated that medications decreased pain by more than 50% with improved activity and the ability to perform activities of daily living. Physical examination noted continued tenderness to palpation over the cervical facet joints. Prior urine drug screen results from 06/06/14 was consistent with the prescribed medications. The injured worker was also under a pain contract. The requested Norco 10/325mg #120 and cervical medial branch blocks bilaterally at C2-3 and C4 were denied by utilization review on 07/10/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen; Criteria for use of opioids; Opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

**Decision rationale:** This reviewer would have recommended this medication as medically necessary based on clinical documentation submitted for review. Norco is a short acting narcotic which can be considered an option in the treatment of moderate to severe musculoskeletal pain. In this case the injured worker is utilized was utilizing Norco 10/325mg with 50% improvement in pain with improved function. Urine drug screen reports for this injured worker were compliant with prescribed medications and the injured worker was under a current pain contract. Given the efficacy documented with the use of narcotic medications, this reviewer would have recommended this request as medically necessary.

**Cervical Medial Nerve Branch Blocks Bilateral C2, C3, C4:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic): Criteria for use of therapeutic intra-articular and medial branch blocks.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Facet Medial Branch Blocks.

**Decision rationale:** This reviewer would have recommended this request as medically necessary. The injured worker already underwent guided intra-articular facet joint injections, which resulted in 50% improvement of facet symptoms. At this time the injured worker continues to have facet mediated pain on physical examination and has been recommended for medial branch blocks to determine if rhizotomy would be appropriate. This is consistent with guideline recommendations regarding medial branch blocks for the cervical spine. The requested levels are not level that have been previously fused and is less than two joint levels in total. Therefore, this reviewer would have recommended this request as medically appropriate.