MAXIMUS Federal Services

Case Number:	CM14-0131534		
Date Assigned:	08/20/2014	Date of Injury:	06/08/1999
Decision Date:	09/23/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/18/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 53-year-old male who has submitted a claim for cervical spondylosis without myelopathy associated with an industrial injury date of June 8, 1999. Medical records from 2013 to 2014 were reviewed. The patient complained of neck pain radiating to the upper extremities. Pain was rated 7/10 with medications and 10/10 without medications. The patient underwent radiofrequency at C4, C5, C6, C7 and T1 bilaterally on February 27, 2013. This provided 80% relief with improved functioning, and reported burning in arm was 60-80% better after the request for authorizations (RFAs). Physical examination showed tenderness over the bilateral shoulders, arms, cervical root, facet, pericervical, periscapular, spinous processes, suboccipital triangle; and positive axial compression test. MRI of the cervical spine revealed cervical spondylosis with degenerative joint disease, degenerative disk disease, and facet arthropathy. Date of the procedure was not mentioned. The diagnoses were facet arthropathy, recurrent; failed back surgery syndrome; COAT; cervical spondylosis without myelopathy; myalgia and myositis; and chronic headache. Treatment to date has included narcotics, RFAs, ESIs, and TPIs. Utilization review from August 8, 2014, denied the request for one radiofrequency cervical medial branch nerve block at T1 and bilaterally. Period of relief from previous radiofrequency procedure was not reflected in the records as well as specific levels at which relief was provided. The request for unknown prescription for Hydrocodone/Homatropine 5mg-1.5mg/5ml was also denied because guidelines did not specify any recommendations with regard to Hydrocodone-Homatropine in the treatment of chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

One radiofrequency cervical medial branch nerve block at T1 bilaterally: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back (acute & chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet joint radiofrequency neurotomy.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and Official Disability Guidelines (ODG) was used instead. ODG criteria for request for authorization (RFA) include at least one set of diagnostic medial branch blocks with a response of 70% (pain response should last at least 2 hours for Lidocaine); no more than two joint levels will be performed at one time; a formal plan of additional evidence-based conservative care in addition to facet joint therapy; and limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. A neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at 50% relief. In this case, patient underwent radiofrequency at C4, C5, C6, C7 and T1 bilaterally on February 27, 2013. This provided 80% relief with improved functioning, and reported burning in arm was 60-80% better after the RFAs. However, duration of pain relief was not discussed. Furthermore, there was no documentation of failure with conservative management or plan of additional conservative care in addition to facet joint therapy, which are both required by the guidelines. The guideline criteria were not met. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for one radiofrequency cervical medial branch nerve block at T1 bilaterally is not medically necessary.

Unknown prescription for Hydrocodone/homatropine 5mg-1.5mg/5ml: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA, Hydrocodone bitartrate and homatropine methylbromide.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Food and Drug Administration (FDA) was used instead. According to FDA, Hydrocodone Bitartrate is a semisynthetic centrally-acting narcotic antitussive. Homatropine methylbromide is included in a sub therapeutic amount to discourage deliberate over dosage. In this case, there was no evidence that the patient is suffering from cough or any respiratory condition that warrant use of this medication. There was no clear indication for the request.

Therefore, the request for Unknown prescription for Hydrocodone/Homatropine 5mg-1.5mg/5ml is not medically necessary.