

<b>Case Number:</b>	CM14-0158976		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	12/17/1999
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	09/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 is licensed to practice in Maryland. 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 employee was a 56-year-old male who sustained an industrial injury on 12/17/1999. His diagnoses included cervicocranial syndrome, cervicgia, brachial neuritis or radiculitis, degeneration of cervical intervertebral disc and cervical spondylosis without myelopathy. The employee had diagnostic cervical facet injection via medial branch block at C5-6, C6-7 and C7-T1. The visit note from 08/14/14 was reviewed. Chief complaints included neck and bilateral arm pain, left more than right and headache on left side. She had increasing pain in his right arm and shoulder. He continued to have neck pain, headaches. Nucynta ER was helping with his baseline pain. Dilaudid was working okay. His pain was 7/10 and functional level was 7/10. He had poor sleep quality. MRI C-spine on 01/21/13 showed anterior cervical disectomy and fusion at C5-6 and C6-7 with metallic hardware present, C3-4, a 2.5mm left central disc protrusion which mildly impresses on the thecal sac. Mild left neural foraminal narrowing noted. C4-5, a 3.0 mm left central disc protrusion, which mildly to moderately impress on the thecal sac. Mild bilateral neural foraminal narrowing is seen due to facet and uncinat arthrosis. His medications included Dilaudid, Lyrica, and Nucynta ER. On examination he was noted to have pain in his neck and numbness with tingling to his bilateral hands, right more than left. He noted increasing neck pain and facet symptoms on right side as previously documented. He also had return of cervicogenic headaches and spasms in his cervical paraspinal muscles. His diagnoses included chronic pain in neck with left arm pain, status post ACDF of C5-6 and C6-7, cervical spondylosis with cervicogenic headache, myofascial pain/spasm, hypertension, NIDDM (Noninsulin Dependent Diabetes Mellitus), depression and poor sleep hygiene. The plan of care included Lyrica, Tramadol, discontinuing Duexis, Dilaudid, trial of Zorvolex 35mg BID (2 x per day), Baclofen 20mg 1-2 PO QHS, Nucynta ER and considering Lorzone 750mg PO BID. A request was also sent for right C3, 4, 5, 6 medial branch blocks for right neck pain.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Baclofen 20mg, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen Page(s): 64.

**Decision rationale:** The employee was a 56-year old male who was being treated for neck pain. His history was significant for ACDF (Anterior Cervical Discectomy and Fusion) fusion of C5-6 and C6-7. He also had diagnostic cervical facet injection through medial branch block at C5-6, C6-7 and C7-T1. He continued to have neck pain, numbness and tingling to his bilateral hands, right more than left. His MRI of cervical spine from January 2013 showed fusion at C5-6 and C6-7, mild left neural foraminal narrowing at C3-4 and mild bilateral neural foraminal narrowing at C4-5. The request was for Zorvolex 35mg BID, Baclofen 20mg 1-2 PO QHS, Lorzone 750mg PO BID and C3, 4, 5, 6 medial branch block for right sided neck pain. Baclofen, according to MTUS, Chronic Pain Medical Treatment guidelines, is an antispasticity drug, used to decrease spasticity in conditions such as cerebral palsy, MS and spinal cord injuries. According to MTUS guidelines, Baclofen is currently recommended orally for the treatment of spasticity and muscle spasms related to multiple sclerosis and spinal cord injuries. The medical records provided for review don't reveal a diagnosis of multiple sclerosis or spinal cord injury which would meet guideline criteria and also had no spasticity on exam. Hence the request for Baclofen 20mg, #60 is not medically necessary or appropriate.

**Lorzone 750mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epileptic Drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chlorzoxazone Page(s): 64-65. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic pain, Muscle relaxants

**Decision rationale:** Chlorzoxazone is an antispasmodic used to decrease muscle spasms in conditions such as LBP (low back pain). According to Official Disability guidelines, muscle relaxants are recommended with caution as a second line option for short term (less than two weeks) treatment of acute low back pain and for short term treatment of acute exacerbations in patients with chronic low back pain. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and baclofen. The employee had ongoing neck pain for years. Given the chronicity of the condition and the limited evidence to support use of Chlorzoxazone, the request for chlorzoxazone (Lorzone) is not medically necessary or appropriate.

**Right medial branch block at C3, C4, C5, and C6, x2: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Facet Joint Diagnostic Blocks Section

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back complaints, Facet joint diagnostic blocks

**Decision rationale:** The Official Disability Guidelines recommend diagnostic blocks for facet nerve pain if the following criteria are met: one set of diagnostic medial branch blocks is required with a response of >70% lasting for 2 hours with Lidocaine, limited to cervical pain that is non radicular, no more than 2 levels bilaterally and there should be failure of conservative management. Given the neck pain with radiation and paresthesias suggestive of radicular pain, 3 levels requested and prior fusion procedure, the request for C3, 4, 5, 6 medial branch blocks is not medically necessary or appropriate.

**Zorvolex 35 mg, sixty count: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68.

**Decision rationale:** The MTUS, Chronic Pain Medical Treatment guidelines state that NSAIDs are recommended as an option for short-term symptomatic relief. The employee had chronic cervical pain since the date of injury of 1999 and had ongoing pain with a pain level of 7/10. Given the increased risk profile with Diclofenac and the chronic pain, the request for Zorvolex (Diclofenac) is not medically necessary or appropriate.