

<b>Case Number:</b>	CM14-0185584		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	12/19/2003
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	10/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2014

### 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 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:

According to the records made available for review, this is a 50-year-old male with a 12/19/03 date of injury, and status post C5-6 fusion 1/09. At the time (10/31/14) of request for authorization for bilateral cervical medial branch blocks at C3, C4, C5, Ultram 50mg #240, and ibuprofen 800mg #90, there is documentation of subjective (chronic pain, pain in the upper extremity, wrist and elbows) and objective (decreased cervical spine range of motion, pain with motion testing, muscle strength 5/5, normal sensation, trigger points, tenderness to palpation over the cervical paraspinals) findings, current diagnoses (chronic pain syndrome, cervical spondylosis with myelopathy), and treatment to date (cervical rhizotomies C4-C7 right and left DOS 1/27/12, steroid joint injections, and medications (including ibuprofen since at least 9/12 and Ultram since at least 4/14)). 10/14/14 medical report identifies that the patient has signed a pin agreement, that the patient is taking pain medication only from the physician's office and from no other provider, and is receiving the lowest effective dose of pain medication. Regarding the requested bilateral cervical medial branch blocks at C3, C4, C5, there is no documentation of failure of additional conservative treatment (including home exercise and PT) prior to the procedure for at least 4-6 weeks and of at no more than two levels bilaterally and no more than 2 joint levels are to be injected in one session. Regarding the requested Ultram 50mg #240 and ibuprofen 800mg #90, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Ultram and Ibuprofen use to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Bilateral cervical medial branch blocks at C3, C4, C5: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Facet joint diagnostic blocks.

**Decision rationale:** MTUS reference to ACOEM identifies documentation of non-radicular facet mediated pain as criteria necessary to support the medical necessity of medial branch block. ODG identifies documentation of cervical pain that is non-radicular and at no more than two levels bilaterally, failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks, and no more than 2 joint levels to be injected in one session, as criteria necessary to support the medical necessity of facet injection. Within the medical information available for review, there is documentation of diagnoses of chronic pain syndrome, cervical spondylosis with myelopathy. In addition, there is documentation of non-radicular facet mediated pain and failure of conservative treatment (including NSAIDs) prior to the procedure for at least 4-6 weeks. However, there is no documentation of failure of additional conservative treatment (including home exercise and PT) prior to the procedure for at least 4-6 weeks. In addition, given that the request is for bilateral cervical medial branch blocks at C3, C4, C5, there is no documentation of pain at no more than two levels bilaterally and no more than 2 joint levels are to be injected in one session. Therefore, based on guidelines and a review of the evidence, the request for bilateral cervical medial branch blocks at C3, C4, C5 is not medically necessary.

## **Ultram 50mg #240: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of chronic pain syndrome, cervical spondylosis with myelopathy. In

addition, there is documentation that the prescriptions are from a single practitioner and are taken as directed; that the lowest possible dose is being prescribed; and that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given medical records reflecting prescription for Ultram since at least 4/14, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Ultram use to date. Therefore, based on guidelines and a review of the evidence, the request for Ultram 50mg #240 is not medically necessary.

**Ibuprofen 800mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of chronic pain syndrome, cervical spondylosis with myelopathy. In addition, there is documentation of chronic pain. However, given medical records reflecting prescription for ibuprofen since at least 9/12, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of ibuprofen use to date. Therefore, based on guidelines and a review of the evidence, the request for ibuprofen 800mg #90 is not medically necessary.