

Case Number:	CM14-0186117		
Date Assigned:	11/14/2014	Date of Injury:	04/06/2001
Decision Date:	12/30/2014	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 56-year-old man who sustained a work-related injury on April 6, 2001. Subsequently, the patient developed chronic neck and back pain. The patient has a history of lumbar surgery performed on 1996. According to a progress report dated on October 14, 2015 the patient was complaining of neck and back pain. The patient physical examination demonstrated lumbar tenderness with reduced range of motion, cervical tenderness with positive facet loading. The patient MRI of the cervical spine performed on April 9, 2013 demonstrated cervical facet arthropathy. The patient was treated with Norco, naproxen, Norflex and home exercise as well as physical therapy and acupuncture with significant improvement of the pain. The provider requested authorization for cervical medial branch block.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) medial branch block at left C5-6, C6-7: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): 309; 181.

Decision rationale: There is no documentation of facet mediated pain; there is no clear evidence or documentation that cervical facets are main pain generator. There is no evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection. MTUS guidelines do not recommend more than 2 joint levels to be blocked at any one time. In addition, there is significant pain improvement with previous use of conservative therapies and the need of cervical block is not clear. Therefore, the request for One (1) medial branch block at left C5-6, C6-7 is not medically necessary.

Norco 10/325 mg #120: 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 Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used since 2013 without documentation of functional improvement or evidence of improvement of activity of daily living. There is no evidence of compliance or the patient with medications. Therefore, the prescription of Norco 10/325 mg #120 is not medically necessary.