

Case Number:	CM14-0022400		
Date Assigned:	06/16/2014	Date of Injury:	01/04/2012
Decision Date:	07/18/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/21/2014

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 Physical Medicine and Rehabilitation, 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:

This is a patient with a date of injury of 1/4/12. A utilization review determination dated 1/21/14 recommends non-certification of cervical medial branch blocks, Tylenol #3, Soma, Norco, and Lidoderm. 1/10/14 medical report identifies pain in the upper and lower back, gluteal area, arms, neck, and spasms in back and hands. Pain has radiated to the back, right ankle, left arm, right arm, right thigh, wrists, and knee. Pain is 8-9/10 without medication and 7-8/10 with medication. With medications, the patient is said to stay in bed at least half the day and have no contact with the outside world. Without medications, the patient stays in bed all day and feels hopeless and helpless about life. On exam, no abnormal findings are noted. The provider notes that, "since her medical branch block response recording was unsatisfactory in 2012, we will go ahead and ask for it again. If she responds favorably like she did in 2012, we will request the RFA based on the new MBB results." 1/17/14 AME report notes that, on record review, the 3/26/13 report noted a 50% reduction in pain from a cervical facet joint injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL MEDIAL BRANCH NERVE BLOCK, RIGHT SIDE, AT C2, C3 AND TON (THIRD OCCIPITAL NERVE): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS 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 (ODG), Neck Chapter Facet joint diagnostic blocks, facet joint pain signs and symptoms, facet joint therapeutic steroid injections.

Decision rationale: Regarding the request for cervical medial branch nerve blocks, guidelines state that one set of diagnostic medial branch blocks is required with a response of greater than or equal to 70%. They recommend medial branch blocks be limited to patients with cervical pain that is non-radicular. Within the documentation available for review, the records indicate that the patient responded favorably to prior medial branch blocks, but the "response recording was unsatisfactory in 2012." Facet injections were also reportedly responsible for 50% pain relief in 2013. There is no clear indication for another injection of this type, as the guidelines recommend progressing to radiofrequency ablation if the blocks are successful. Furthermore, they are not indicated in the presence of radicular pain, and the patient's pain is noted to radiate into the arms and wrists. In the absence of clarity regarding these issues, the currently requested cervical medial branch nerve blocks are not medically necessary.

TYLENOL - CODEINE #3 30/300MG, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 76-79, 120 of 127.

Decision rationale: Regarding the request for Tylenol with codeine #3, California Pain Medical Treatment Guidelines state that, due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, the patient's pain relief is said to be 1 point on the VAS scale and no specific examples of functional improvement are noted. With such minimal pain relief noted, there is no clear indication for continued opioid use. Opioids should not be stopped abruptly, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Tylenol with codeine #3 is not medically necessary.

SOMA 350 MG, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 63-66 of 127.

Decision rationale: Regarding the request for Soma, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line

option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of a significant analgesic benefit or objective functional improvement as a result of the Soma. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Soma is not medically necessary.

NORCO 10/325, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 76-79, 120 of 127.

Decision rationale: Regarding the request for Norco, California Pain Medical Treatment Guidelines state that, due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, the patient's pain relief is said to be 1 point on the VAS scale and no specific examples of functional improvement are noted. With such minimal pain relief noted, there is no clear indication for continued opioid use. Opioids should not be stopped abruptly, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco is not medically necessary.

LIDODERM PATCH 5% 700 MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-113 of 127.

Decision rationale: Regarding the request for Lidoderm, California MTUS cites that topical lidocaine is "Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." Within the documentation available for review, none of the abovementioned criteria have been documented. Within the documentation available for review, the currently requested Lidoderm is not medically necessary.