MAXIMUS Federal Services

Case Number:	CM14-0041884		
Date Assigned:	06/30/2014	Date of Injury:	01/30/2011
Decision Date:	09/08/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/07/2014

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 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 58-year-old female who has submitted a claim for neck pain, displacement of lumbar intervertebral disc without myelopathy, and disorder of the peripheral nervous system associated with an industrial injury date of 01/30/2011. Medical records from 2013 to 2014 were reviewed. The patient complained of left leg pain, left arm pain, bilateral lower back pain, and left-sided neck pain. Physical examination of the cervical spine showed tenderness of the left trapezius and left paracervical muscles, positive left trapezius trigger point, tenderness of the transverse process from left C2 to C6, and painful and restricted range of motion. An MRI of the cervical spine, undated, demonstrated mild degenerative changes of the cervical spine with small right paracentral disc osteophytes at C5-C6 and C6-C7 levels. The complexes contributed to mild central canal narrowing. Facet degeneration and fusion on the left C2-C3 and C3-C4 were noted.Treatment to date has included three cervical epidural steroid injections (latest on 12/06/2013), physical therapy, and medications. A Utilization review from 03/19/2014 denied the request for Vicodin 5/500mg #60 because there was no documentation of functional benefit; denied UDS because multiple drug screens in the past showed inconsistencies and appropriate action should be performed; and denied RF Neurotomy of the third occipital nerve, C3 deep medial branch nerve because patient presented with radiculopathy, an exclusion criterion for facet Neurotomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

retro-medication Vicodan 5/500mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: As stated on page 78 of the California MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on Vicodin since 2013. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Urine drug screens were likewise inconsistent with the prescribed medications. Lastly, the requested date of service was not specified. Therefore, the request for retro-medication Vicodin 5/500mg #60 was not medically necessary.

UDS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

Decision rationale: Page 78 of the California MTUS Chronic Pain Medical Treatment Guidelines state that urine drug screens are recommended as an option to assess order use or presence of illegal drugs and as ongoing management for continued opioid use. Screening is recommended randomly at least twice and up to 4 times a year. In this case, current medication includes tramadol and Vicodin. However, previous urine drug screens from 01/22/13, 10/28/2013, 12/11/2013, 01/13/2014, and 03/10/2014 all showed inconsistent results with prescribed medications. There has been no management response concerning this issue. There is no compelling rationale presented for a repeat screening at this time. Therefore, the request for urine drug screen is not medically necessary.

RF neurotomy of the third occipital nerve, C3 deep medial branch nerve: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back chapter, facet joint radio frequency neurotomy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Section, Facet Joint Radiofrequency Neurotomy.

Decision rationale: The California MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG) was used instead. It states that criteria for cervical facet radiofrequency neurotomy include: (1) treatment requires diagnosis of facet joint pain, (2) approval depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, and documented improvement in function, and (3) there should be evidence of a formal plan of rehabilitation in addition to facet joint injection therapy. In this case, clinical manifestations were consistent with facet-mediated type of pain. The documented rationale for facet neurotomy was due to noted improvement from prior diagnostic C2-C3 facet injections on 2013. However, there was no objective evidence of improvement in terms of percentage pain relief and functional outcomes. Moreover, there was no formal treatment plan of adjunct rehabilitation program. Guideline criteria were not met. Therefore, the request for RF neurotomy of the third occipital nerve, C3 deep medial branch nerve is not medically necessary.