

Case Number:	CM14-0053055		
Date Assigned:	07/07/2014	Date of Injury:	12/15/2004
Decision Date:	08/15/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/21/2014

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 Occupational Medicine 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of December 15, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; opioid therapy; unspecified amounts of acupuncture; earlier cervical laminectomy surgery; and transfer of care to and from various providers in various specialties. In a March 27, 2014 Utilization Review Report, the claims administrator denied a request for cervical medial branch block at C7, denied oxycodone, and denied Soma. The claims administrator's rationale was extremely difficult to follow, was 7 pages long, and comprised largely of cited guidelines, with little or no applicant-specific rationale. The applicant-specific rationale comprised of few, sparse sentences, while the guidelines seemingly comprised five pages of the report. The claims administrator stated, somewhat incongruously, that the applicant had not failed conservative treatment prior to the request for cervical medial branch blocks and then stated, somewhat incongruously, that there was no evidence of Soma and/or oxycodone had been effective here. The applicant's attorney subsequently appealed. A November 19, 2008 medical-legal evaluation was notable for comments that the applicant had had prior facet injections to the cervical spine in February 2008, which did provide temporary benefit. The applicant was given a 17% whole person impairment rating. Permanent work restrictions were endorsed. It was stated that the applicant had voluntarily retired from the [REDACTED]. In a May 15, 2014 progress note, the applicant was described as reporting good pain reduction since recent cervical radiofrequency ablation procedure. The applicant was on oxycodone and Soma. The applicant was reportedly active physically and managing his medications appropriately. The applicant had BMI of 25. Hyposensorium was noted about the right upper extremity without significant weakness appreciated about the same. In an April 7, 2014 progress note, the applicant

presented with persistent complaints of lower neck pain. The applicant was using oxycodone and Soma, it was acknowledged. Hyposensorium was noted about the right upper extremity with decrease in painful range of motion about the cervical spine. The applicant was given diagnosis of chronic neck pain, cervical stenosis, and cervical radiculopathy. Radiofrequency rhizotomy procedures were endorsed while the applicant was asked to continue oxycodone and Soma. In a progress note dated March 24, 2014, the applicant was again described as having persistent upper back and neck pain. The applicant was on oxycodone and Soma, it was noted. Hyposensorium was again appreciated. Oxycodone, Soma, and radiofrequency rhizotomy procedure at C7-T1 with associated facet medial branch blocks were sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Medial Branch Block at C7 (Cervical 7): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-8, page 181.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 181, both facet injections of corticosteroid and the diagnostic medial branch blocks being sought here are deemed "not recommended." In this case, furthermore, there is considerable lack of diagnostic clarity. The applicant has been described as carrying diagnoses of cervical spinal stenosis, cervical radiculopathy, and chronic neck pain status post earlier failed laminectomy surgery. Thus, the applicant does not appear to have facetogenic or diskogenic back pain for which diagnostic medial branch blocks would be indicated. It is further noted that the applicant appears to have had multiple facet injections of various forms, including radiofrequency rhizotomy procedures, medial branch blocks, and intraarticular facet injections, over the course of the claim. There has, however, been no clear or compelling evidence of functional improvement as defined in MTUS 9792.20f despite ongoing usage of the same. The applicant still remains highly reliant and highly dependent on opioid and nonopioid agents, including oxycodone and Soma. All of the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f, despite various forms of facet injections over the course of the claim. Therefore, the request for a cervical medial branch block is not indicated owing to the considerable lack of diagnostic clarity here, the applicant's seemingly poor response to earlier facet injections over the course of the claim, and the unfavorable ACOEM recommendation.

Oxycodone 30mg prn (as needed) (8 per day) for 2 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 79-80, 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 1. MTUS page 78, Opioids, Ongoing Management topic.2. MTUS page 80, When to Continue Opioids topic Page(s): 78; 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidences of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, there is no clear evidence that any of the aforementioned criteria had been met. The applicant is off of work, although this may be a function of age and/or voluntary retirement as opposed to the industrial injury. There is no concrete evidence of any lasting improvements in function and/or reduction in pain achieved as a result of ongoing opioid usage, including ongoing oxycodone usage. It is further noted that page 78 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that the lowest effective dose of opioid should be prescribed to improve pain and function. In a progress note dated March 24, 2014, however, the applicant was described as using Norco and Percocet while a subsequent progress note suggested that the applicant was using short-acting oxycodone. It is unclear why two to three separate short-acting opioids are being concurrently prescribed. For all of the stated reasons, then, the request is not medically necessary.

Soma 350mg QID (four times a day), #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 29, Carisoprodol topic. Page(s): 29.

Decision rationale: As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not recommended for chronic or long-term use purposes, particularly when employed in conjunction with opioid agents. In this case, the applicant is, in fact, concurrently using opioids, including oxycodone. Adding carisoprodol or Soma to the mix is not recommended. Therefore, the request is not medically necessary.