

<b>Case Number:</b>	CM14-0056499		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	11/07/1992
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	04/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/26/2014

### 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 Pain Management and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 56-year-old male with a date of injury of 11/07/1999. According to [REDACTED] the patient has diagnoses of 1. Cervical disk disease with radiculitis; 2. Degeneration of cervical disk; 3. Cervical post laminectomy syndrome; 4. Neck pain; 5. Shoulder pain; 6. Myofascial pain. According to progress report 03/20/2014 by [REDACTED] the patient presents with chronic neck and shoulder pain. The pain on a pain score is a 5/10. Patient reports pain is burning, stabbing, and spasm in nature. Physical therapy, TENS unit, and medication make his pain better. Treater states the patient's pain has been significant on his physical and emotional life and the pain impairs his ability to perform house chores. Medication is controlling some of his pain but not all of his pain symptoms. The patient does not report any side effects from the medications. Current medication regimen includes Percocet 7.5/325 mg, Neurontin 300 mg, Flexeril 10 mg, Cymbalta 30 mg, Bentyl 20 mg, trazodone 50 mg, Protonix 40 mg, Elavil 100 mg, methadone 10 mg, ketoprofen 75 mg, Vicodin 500 mg, Wellbutrin SR 150 mg, and Cymbalta 100 mg. The treater states the patient is status post ACDF C5-C6, C6- C7, and C7-T1 from 2000 and continues with cervical pain and radiculopathy. He is requesting a refill of Flexeril 10 mg #60 plus 1 refill, Percocet 7.5/325 mg #120, a lab screen including urine drug test, liver function test, blood urea nitrogen and creatinine ratio test. Treater is also requesting a cervical MBB to the left C5, C6, and C7. Utilization review denied the request on 04/01/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg, Qty: 60 plus one refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Antispasticity drugs, Antispasmodics. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Pain Procedure Summary, Muscle relaxants, Antispasticity drugs, Antispasmodics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) Page(s): 64.

**Decision rationale:** This patient presents with chronic neck and shoulder pain. The provider is recommending Flexeril 10mg quantity 60 with 1 refill for patient's spasms. The MTUS Guidelines page 64 states Cyclobenzaprine is recommended for short course of therapy, limited mixed evidence does not allow for recommendation for chronic use. In this case, the provider is requesting this medication for long-term use. The request for Flexeril is not medically necessary.

**Percocet 7.5/325mg, Qty: 120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain in general conditions, opioids for neuropathic pain, therapeutic trial of opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines on Long-term Opioid use Page(s): 88-89.

**Decision rationale:** This patient presents with chronic neck and shoulder pain. The provider is requesting a refill of Percocet 7.5/325mg Quantity 120. The medical file provided for review indicates the patient has been taking Percocet since at least 11/25/2013. Page 78 of MTUS requires Pain Assessment that should include, current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Furthermore, The 4 A's for ongoing monitoring are required that include analgesia, ADL's, adverse side effects and aberrant drug-seeking behavior. In this case, the provider does not provide pain assessment or outcome measures as required by MTUS. Furthermore, there is no discussion of functional improvement from taking chronic opioid. The request for Percocet is not medically necessary.

**Lab Request: Urine Drug Screen, Liver Function Test, Blood Urea Nitrogen/Creatinine Ratio Test: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Pain Procedure Summary, Urine Drug Testing (UDT), Liver function  
test<http://labtestsonline.org/understanding/analytes/bun/tab/test><http://labtestsonline.org/understanding/analytes/creatinine/tab/test>.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70. Decision based on Non-MTUS Citation ODG guidelines have the following regarding Urine Drug Screen:Criteria for Use of Urine Drug Testing.

**Decision rationale:** This patient presents with chronic neck and shoulder pain. The provider is requesting lab testing including a urine drug screen, liver function test and blood urea nitrogen/creatinie ratio test. There is no indication that the patient has had a recent blood test or Urine Drug Screen. The MTUS, ACOEM, and ODG Guidelines do not specifically discuss routine Lab testing. However, the MTUS Guidelines page 70 does discuss periodic lab monitoring of CBC and chemistry profile including liver and renal function tests. MTUS Guideline states monitoring of CBC is recommended when patient is taking NSAIDs. The medical records indicate that this patient is taking Ketoprofen and is a longtime opiate user. Given the chronicity of opiate use, a blood test for checking liver and kidney function is appropriate at this time. Furthermore, ODG recommends once yearly urine drug testing following initial screening with the first 6 months for management of chronic opiate use in low risk patients. Recommendation is for approval. The requested Urine Drug Screen, Liver Function Test, Blood Urea Nitrogen/Creatinine Ratio Test is medically necessary.

**Cervical Medial Branch Block Left C5, C6, C7: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Pain Procedure Summary, Neck & Upper Back Procedure Summary: Criteria for the use of diagnostic blocks for facet nerve pain.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 3001, 301. Decision based on Non-MTUS Citation ODG guidelines on Lumbar Facet joint signs & symptoms.

**Decision rationale:** This patient presents with chronic neck and shoulder pain. The provider is requesting a cervical medial branch block for the left C5, C6 and C7 levels. ACOEM Guidelines do not support facet injections for treatments, but does discuss dorsal median branch blocks as well as radio-frequency ablations on page 300 and 301. ODG guidelines also support facet diagnostic evaluations for patient's presenting with paravertebral tenderness with non-radicular symptoms. In this case, the patient has cervical radiculitis. MTUS does not recommend facet injections for patients with radicular pain. More importantly, as medical records document, this patient is status post ACDF C5-C6, C6-C7, and C7-T1 from 2000. Facet blocks are not recommended where fusion has taken place. They are mobile segments. Recommendation is for denial. The request for Cervical Medial Branch Block Left C5, C6, C7 is not medically necessary.