

<b>Case Number:</b>	CM14-0079315		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	10/08/1996
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	05/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2014

### 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 female patient with the date of injury of October 8, 1996. A Utilization Review was performed on May 10, 2014 and recommended non-certification of 1 fluoroscopic guided diagnostic right C2-C3 and right C4-C5 facet joint medial branch block and modification of 1 prescription for Oxycontin 10mg #30. An Evaluation Report dated April 29, 2014 identifies Subjective Complaints of bilateral neck pain radiating to the bilateral shoulders and bilateral scapular region. Focused Musculoskeletal/Spine Examination identifies tenderness upon palpation of the cervical paraspinal muscles overlying the bilateral C2 to T1 facet joints. Cervical and upper extremity ranges of motion were restricted by pain in all directions. Cervical facet joint and upper extremity provocative maneuvers were positive. Impression/Differential Diagnosis identifies bilateral upper cervical facet joint pain at C2-C3, C3-C4, and C4-C5. Recommendations identify fluoroscopically-guided diagnostic right C2-C3 and right C4-C5 facet joint medial branch block. The patient has failed physical therapy, NSAIDs, and conservative treatments. The patient was provided a prescription for her industrially-related medication OxyContin 10 mg 2 tab p.o. q.d. #30 with 0 refills. Risks and benefits surrounding long-term opioid use were discussed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One fluoroscopic guided diagnostic right C2-C3 and right C4-C5 facet joint medial branch block:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability 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 based on Non-MTUS Citation ODG, Neck Chapter Facet joint diagnostic blocks, facet joint pain signs and symptoms, Facet joint therapeutic steroid injections.

**Decision rationale:** Regarding the request for one fluoroscopic guided diagnostic right C2-C3 and right C4-C5 facet joint medial branch block, the Neck and Upper Back Complaints Chapter of the ACOEM Practice Guidelines states 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 and at no more than 2 levels bilaterally. They also recommend that there is documentation of failure of conservative treatment including home exercise, physical therapy, and NSAIDs (non-steroidal anti-inflammatory drugs) prior to the procedure. Guidelines reiterate that no more than 2 joint levels are injected in one session. Within the documentation available for review, the patient has failed conservative treatment. However, the current request for a medial branch block at C2, C3, C4, and C5 would correspond with three joint levels. Guidelines do not support injection of any more than two joint levels at one time. As such, the request for One fluoroscopic guided diagnostic right C2-C3 and right C4-C5 facet joint medial branch block is not medically necessary or appropriate.

**Oxycontin 10mg, thirty count:** 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 oxycontin, California Pain Medical Treatment Guidelines state that oxycontin is an opiate pain medication. 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, risks and benefits were discussed. However, there is no indication that the oxycontin is improving the patient's function or pain (in terms of percent reduction in pain or reduced NRS). Therefore, the request for Oxycontin 10mg, thirty count is not medically necessary or appropriate.