

<b>Case Number:</b>	CM14-0099330		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	03/16/2010
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	06/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/27/2014

### 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 & Rehabilitation and Pain Management, 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 57-year-old male with a date of injury of 03/16/2010. The listed diagnoses per Dr. [REDACTED] are: 1. Cervical facet syndrome. 2. Cervical pain. 3. Disk disorder, cervical. 4. Occipital neuralgia. According to progress report 05/14/2014, the patient presents with constant and sharp pain in the neck. He also complains of muscle spasms, but no numbness, tingling, or weakness. The patient reports he has taken his medication as prescribed and states they continue to reduce his pain level with minimal side effects. Medication regimen includes gabapentin 300 mg, Pepcid 20 mg, and tramadol HCl 50 mg. Examination of the cervical spine revealed restrictive range of motion with flexion limited to 30 degrees, extension limited to 10 degrees, lateral rotation on the left 60 degrees, lateral rotation to the right 60 degrees. There is tenderness to palpation on the left upper facets and along the left parietal region. There is cervical facet tenderness at C5, C6, and C7. Spurling's maneuver produces no pain in the neck or radicular symptoms in the arm. Treater is requesting a diagnostic medial branch block at C3-C4, C4-C5, C5-C6, and C6-C7 bilaterally, and if the patient does have a successful block, then a radiofrequency will be requested. Treater is also requesting a refill of Pepcid 20 mg. Utilization Review denied the request on 06/09/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medial Branch Block at levels; C3-C4, C4-C5, C5-C6, C6-C7 bilateral:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Facet joint diagnostic blocks. Decision based on Non-MTUS Citation Official Disability Guidelines Facet joint pain, signs & symptoms.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation ODG guidelines on Lumbar Facet joint signs & symptoms.

**Decision rationale:** This patient presents with constant and sharp neck pain and muscle spasms. Treater states the patient does not have numbness, tingling, or weakness. There is cervical facet tenderness at C5, C6, and C7 with negative Spurling's maneuver and no radicular symptoms in the arm. Treater is requesting a diagnostic cervical medial branch block at C3-C4, C4-C5, C5-C6, and C6-C7 to confirm that the facet joint is the source of patient's pain. ACOEM Guidelines do discuss facet joint syndrome but does not support facet joint injections. ODG allows for facet diagnostic evaluation of facet joints but not therapeutic injection of the facet joints. Evaluation of facet joints is recommended when radicular symptoms are not present. ODG states RF (Radiofrequency) ablation is under study, and there is conflicting evidence available as to the efficacy of its procedure and approval of treatment should be made on a case-by-case basis. In this case, the treater is requesting a 4-level block, and ODG does not recommend more than 2 levels to be performed at 1 time. Therefore, the request of Medial Branch Block at levels; C3-C4, C4-C5, C5-C6, C6-C7 bilateral is not medically necessary and appropriate.

**Pepcid 20mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

**Decision rationale:** This patient presents with constant and sharp neck pain and muscle spasms. The treater is requesting a refill of Pepcid 20 mg. The MTUS Guidelines page 68 and 69 state, "Clinicians should weight the indications for Non-Steroid Anti-Inflammatory Drugs (NSAIDs) against both GI and cardiovascular risk factors." MTUS recommends determining risk for GI events before prescribing prophylactic PPI (Proton Pump Inhibitor) or omeprazole. GI risk factors include: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA (Acetylsalicylic Acid) or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. Medical file provided for review indicates the patient has been prescribed Nexium since 12/07/2013. There is no indication the patient is taking NSAID to consider the use of Pepcid. Furthermore, the treater does not provide any GI risk assessment. There is no mention of gastric irritation or peptic ulcer history. Therefore, the request of Pepcid 20mg is not medically necessary and appropriate.