

Case Number:	CM14-0009056		
Date Assigned:	02/14/2014	Date of Injury:	02/15/2010
Decision Date:	01/23/2015	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/21/2014

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 Physical Medicine Rehab, has a subspecialty in Pain 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 injured worker is a 56 year-old male with a date of injury of February 15, 2010. The patient's industrially related diagnoses include post-cervical laminectomy syndrome, cervical spondylosis with myelopathy, cervical facet syndrome, cervical disc disorder with myelopathy, cervical spine stenosis, cervicgia, occipital neuralgia, chronic neck pain, cervicogenic headaches, thoracic spondylosis without myelopathy, and thoracic back pain. The injured worker had a right C4-5, C5-6 facet joint injection on 7/8/2013 and reported 70% relief lasting 3.5 months. The injured worker had a CT myelogram of the thoracic spine on 11/25/2013 that showed mild to moderate disc degenerative changes at T7-T8 greater than T5-T6. The disputed issues are T7-T8 thoracic inter laminar ESI left paramedian approach with attempt to reach up to T5 level, right cervical C4-5, C5-6 facet injections, Lidoderm Patches, and Norco 10/325mg. A utilization review determination on 1/8/2014 had non-certified these requests. The stated rationale for the denial of the facet injections was: "There was mention of the need to repeat a right cervical C4-5 and C5-6 facet joint injection; however, this is not supported in the guideline criteria as only one therapeutic block is supported in the guideline criteria and these types of blocks are upriver as an effective treatment alternative for long-term pain relief with the repeated blocks. In this case, there was no documentation of any plans to do a medial branch block and subsequent neurotomy." The stated rationale for the denial of ESI was: "There was no documented electrodiagnostic study that details whether an objective radiculopathy condition is occurring or not at the thoracic level that would support the need for this injection." The stated rationale for the denial of Lidoderm patch was: "There was no documentation of any specific objective neuropathic pain condition occurring in the cervical region that would support the need for this type of medication based on the guidelines." Lastly, the stated rationale for the denial of Norco was: "There is also mention of the need to continue Norco but no clear detail indicating

what significant overall functionality has been achieved from this medication as opposed to functionality without it. There was also no mention as to whether the patient's pain coping skills have even been addressed or not in the past and also the long-term use of opioids for chronic pain is not supported in the guideline criteria. Therefore, these requests are not medically reasonable or necessary."

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT CERVICAL C4-5, C5-6 FACET JOINT INJECTIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. 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 right cervical C4-5, C5-6 facet injections, ACOEM Guidelines stated that diagnostic and/or therapeutic injections may help patients presenting in the transitional phase between acute and chronic pain. Official Disability Guidelines do not recommend facet joint therapeutic steroid injections but if they are to be done, the following criteria should be met: Clinical presentation should be consistent with facet joint pain, signs, and symptoms and there should be no evidence of radicular pain, spinal stenosis, or previous fusion. If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy. If prolonged evidence of effectiveness is obtained after at least one therapeutic block, there should be consideration of performing a radiofrequency neurotomy. No more than one therapeutic intra-articular block is recommended. No more than 2 levels may be blocked at any one time. Within the documentation available for review, the requesting physician noted that the injured worker had a right C4-5, C5-6 facet joint injection on 7/8/2013 and reported 70% relief lasting 3.5 months with increased functional capacity and decreased analgesic medication requirement. Therefore, since the injured worker was having increased right side chronic neck pain, another request was made for repeat facet joint injection. However, in the case of this injured worker, the criteria outlined by the guidelines have not been met. The injured worker is status post C5-C7 fusion and the guidelines state that there should be no evidence of previous fusion. Furthermore, the injured worker already had one therapeutic facet joint injection in the past that was successful, so another one is not recommended (but a medial branch diagnostic block should be considered instead). In light of these issues and the recommendations made by the guidelines, the currently requested right cervical C4-5, C5-6 facet injections is not medically necessary.

T7-8 THORACIC INTER LAMINAR ESI LEFT PARAMEDIAN APPROACH WITH ATTEMPT TO REACH UP TO T5 LEVEL: 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 Epidural steroid injections (ESIs) Page(s): 46 of 127.

Decision rationale: Regarding the request for T7-T8 thoracic inter laminar ESI left paramedian approach with attempt to reach up to T5 level, California MTUS cites that ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Within the documentation available for review, there is documentation of mid back thoracic pain at the T7-T8 region characterized as radiating pain that wraps around the L>R dermatome at this level, which is consistent with radiculopathy, and one would not expect to find any physical examination findings of radiculopathy for a thoracic radiculopathy. Guidelines recommend ESI only after failure of conservative treatment, and the requesting physician documented that the injured worker has failed conservative medical management with NSAIDs and physical therapy. However, imaging corroboration is recommended by the CA MTUS and there is no MRI report or electrodiagnostic study included for review. The treating physician noted in the progress report dated 12/23/2013 that a CT myelogram of the thoracic spine done on 11/25/2013 showed mild to moderate disc degenerative changes at T7-T8 greater than T5-T6, and there was no osseous encroachment upon the central canal or neural foramina. However, without more specific documentation regarding the size of the herniation, degree of stenosis, etc., the findings on the CT myelogram do not necessarily corroborate radiculopathy. In light of the above issues, the currently requested T7-T8 thoracic inter laminar ESI left paramedian approach with attempt to reach up to T5 level is not medically necessary.

LIDODERM PATCH: Overturned

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 Page(s): 112 of 127.

Decision rationale: Regarding the request for topical Lidoderm, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the first line therapy such as tricyclic antidepressants, SNRIs, or antiepileptic drugs. Within the documentation available for review, there was indication that the injured worker has failed first-line therapy recommendations which included amitriptyline and Topamax. The records indicated that the injured worker was diagnosed with cervical disc disorder with myelopathy, and the Lidoderm Patch was recommended to be applied over a localized area in the cervical neck region, as the pain where he previously had surgery was still bothering him. Based on the documentation, the currently requested Lidoderm 5% Patch is medically necessary.

NORCO 10/325 MG: 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 Page(s): 75-80.

Decision rationale: Regarding the request for Norco 10/325mg, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking 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." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS). In the progress report dated 12/23/2014, the treating physician stated that the injured worker has "moderately severe pains 6-8/10 on VAS that inhibits his daily function and requires him to take Norco 4 tabs/day, which still doesn't adequately control the pain." Furthermore, there was no discussion regarding possible aberrant drug-related behavior. There was no documentation of a signed opioid agreement, no indication that a periodic urine drug screen (UDS) was completed, and no recent CURES report was provided to confirm that the injured worker is only getting opioids from one practitioner. Based on the lack of documentation, medical necessity for Norco 10/325mg cannot be established at this time. Although this opioid is not medically necessary at this time, it should not be abruptly halted, and the requesting provider should start a weaning schedule as he or she sees fit or supplies the requisite monitoring documentation to continue this medication.