

<b>Case Number:</b>	CM14-0188036		
<b>Date Assigned:</b>	11/18/2014	<b>Date of Injury:</b>	06/18/2013
<b>Decision Date:</b>	01/06/2015	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2014

### 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:

According to the records made available for review, this is a 33-year-old male with a 6/18/13 date of injury. At the time (10/22/14) of request for authorization for One (1) Set of Medial Branch Blocks at C3, C4, C5 and C6 on the right, One (1) Prescription of Rozerem 8mg between 10/22/2014 and 12/26/2014, and One (1) Prescription of Ultracet 37.5-325mg #60, there is documentation of subjective (moderate to severe neck pain radiating to the arms, right shoulder pain, low back pain radiating to the bilateral lower extremities, ongoing headaches, and fair quality of sleep) and objective (restricted cervical range of motion, hypertonicity and tenderness of the cervical paravertebral muscles and trapezius, positive Spurling's maneuver, restricted right shoulder range of motion, tenderness noted in the right shoulder acromioclavicular joint, biceps groove, glenohumeral joint and subdeltoid bursa, positive right empty can test, positive Neer's test, and decreased motor strength and sensation of the right upper extremity) findings, current diagnoses (shoulder pain, cervical radiculopathy, post-concussion syndrome, thoracic pain, lumbar radiculopathy, and insomnia), and treatment to date (ongoing therapy with Ultracet and Rozerem since at least 4/9/14 with decreased pain levels, increased sleep duration, and increased activity tolerance; NSAIDs, and physical modalities). Medical report identifies a pain contract. Regarding One (1) Set of Medial Branch Blocks at C3, C4, C5 and C6 on the right, there is no documentation of non-radicular facet mediated pain and no more than 2 joint levels to be injected in one session. Regarding One (1) Prescription of Rozerem 8mg between 10/22/2014 and 12/26/2014, there is no documentation of difficulty with sleep onset. Regarding One (1) Prescription of Ultracet 37.5-325mg #60, there is no documentation of short term use (5 days) in acute pain management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) Set of Medial Branch Blocks at C3, C4, C5 and C6 on the right: 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), Pain (chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Facet joint diagnostic blocks

**Decision rationale:** MTUS reference to ACOEM identifies documentation of non-radicular facet mediated pain as criteria necessary to support the medical necessity of medial branch block. ODG identifies documentation of failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks, and no more than 2 joint levels to be injected in one session, as criteria necessary to support the medical necessity of medial branch blocks. Within the medical information available for review, there is documentation of diagnoses of shoulder pain, cervical radiculopathy, post-concussion syndrome, thoracic pain, lumbar radiculopathy, and insomnia. In addition, there is documentation of cervical pain and failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks. However, given documentation of subjective (moderate to severe neck pain radiating to the arms) and objective (positive Spurling's maneuver and decreased motor strength and sensation of the right upper extremity) findings, there is no documentation of non-radicular facet mediated pain. In addition, given documentation of a request for One (1) Set of Medial Branch Blocks at C3, C4, C5 and C6 on the right, there is no (clear) documentation of no more than 2 joint levels to be injected in one session. Therefore, based on guidelines and a review of the evidence, the request for One (1) Set of Medial Branch Blocks at C3, C4, C5 and C6 on the right is not medically necessary.

**One (1) Prescription of Rozerem 8mg between 10/22/2014 and 12/26/2014: 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), Pain (chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Insomnia treatment Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS does not address this issue. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of difficulty with sleep onset, as criteria necessary to support the medical necessity of Rozerem.

Within the medical information available for review, there is documentation of diagnoses of shoulder pain, cervical radiculopathy, post-concussion syndrome, thoracic pain, lumbar radiculopathy, and insomnia. In addition, given documentation of ongoing treatment with Rozerem since at least at least 4/9/14 with decreased pain levels, increased sleep duration, and increased activity tolerance, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of Rozerem use to date. However, despite documentation of fair quality of sleep and a diagnosis of insomnia, there is no (clear) documentation of difficulty with sleep onset. Therefore, based on guidelines and a review of the evidence, the request for One (1) Prescription of Rozerem 8mg between 10/22/2014 and 12/26/2014 is not medically necessary.

**One (1) Prescription of Ultracet 37.5-325mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Opioids, specific drug list

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG states Ultracet is indicated for short term use (5 days) in acute pain management. Within the medical information available for review, there is documentation of diagnoses of shoulder pain, cervical radiculopathy, post-concussion syndrome, thoracic pain, lumbar radiculopathy, and insomnia. In addition, given documentation of a pain contract, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Furthermore, given documentation of ongoing treatment with Ultracet with decreased pain levels and increased activity tolerance, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of Ultracet use to date. However, given documentation of chronic pain and ongoing treatment with Ultracet since at least at least 4/9/14, there is no documentation of short term use (5 days) in acute pain management. Therefore, based on guidelines and a review of the evidence, the request for One (1) Prescription of Ultracet 37.5-325mg #60 is not medically necessary.