

<b>Case Number:</b>	CM14-0189591		
<b>Date Assigned:</b>	11/20/2014	<b>Date of Injury:</b>	09/23/2012
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	10/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2014

### 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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 39 year old male with date of injury 9/23/2012. The mechanism of injury is not stated in the available medical records. The patient has complained of neck pain since the date of injury. He has been treated with medications and physical therapy. MRI of the thoracic spine dated 03/2014 revealed degenerative joint disease at T6-T10. Objective: decreased and painful range of motion of the cervical spine, tenderness to palpation of the bilateral cervical paraspinal musculature, decreased sensation in the right ulnar nerve distribution. Diagnoses: cervical disc displacement, cervicgia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 fluoroscopically guided diagnostic right C6-7 and C7-T1 facet joint medial branch blocks:** 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 ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

**Decision rationale:** This 39 year old male has complained of neck pain since date of injury 9/23/2012. He has been treated with medications and physical therapy. The current request is for right C6-7, C7-T1 facet joint medial branch blocks. Per the MTUS guidelines cited above, facet injections and diagnostic blocks are not recommended in the treatment of neck complaints. On the basis of the available medical documentation and MTUS guidelines cited above, right C6-7, C7-T1 facet joint medial branch blocks are not indicated as medically necessary

**1 Prescription for Norco 10/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 76-85, 88-89.

**Decision rationale:** This 39 year old male has complained of neck pain since date of injury 9/23/2012. He has been treated with physical therapy and medications to include opioids since at least 11/2013. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Norco is not indicated as medically necessary.

**1 Prescription for Flexeril 10mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

**Decision rationale:** This 39 year old male has complained of neck pain since date of injury 9/23/2012. He has been treated with physical therapy and medications to include Flexeril since at least 11/2013. Per MTUS guidelines, treatment with Cyclobenzaprine should be reserved as a second line agent only and should be used for a short course (2 weeks) only; additionally, the addition of Cyclobenzaprine to other agents is not recommended. Per MTUS guidelines, Cyclobenzaprine (Flexeril) is not considered medically necessary for this patient.