

<b>Case Number:</b>	CM14-0195625		
<b>Date Assigned:</b>	12/03/2014	<b>Date of Injury:</b>	04/27/2011
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	11/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2014

### 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 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 48-year-old female with a 4/27/11 date of injury. At the time (10/28/14) of request for authorization for bilateral facet injections (C4-C5), right suprascapular nerve block (with fluoroscopic guidance and moderate sedation), Fenoprofen Calcium (400mg, #60 with 2 refills), Omeprazole DR (20mg, #60 with 2 refills), Orphenadrine (100mg, #50 with 2 refills), Zofran ODT (8mg, #10 with 2 refills), baseline pain psych testing, and electronic psych testing, there is documentation of subjective (chronic neck and right shoulder pain) and objective (decreased cervical range of motion, positive cervical facet loading, positive Tinel's sign over right suprascapular nerve, Spurling's maneuver produced no pain in the neck/no radicular symptoms in the arm, and frustrated mood) findings, current diagnoses (cervicalgia, reflex sympathetic dystrophy of upper limb, status post C4-5 discectomy and fusion, and depression/anxiety secondary to pain), and treatment to date (physical therapy, home exercise, and medications (including ongoing treatment with Norco and Valium)). Medical report identifies a request for baseline psychological profile for P-3/BBHI-2; and an associated request for Naproxen that has been authorized/certified. Regarding bilateral facet injections (C4-C5), there is no documentation of no previous fusion procedure at the planned injection level. Regarding right suprascapular nerve block (with fluoroscopic guidance and moderate sedation), there is no documentation of a condition/diagnosis (with supportive subjective/objective findings) for which a suprascapular nerve block is indicated (degenerative disease and/or arthritis). Regarding Omeprazole DR (20mg, #60 with 2 refills), there is no documentation of risk for gastrointestinal event (high dose/multiple NSAID). Regarding Orphenadrine (100mg, #50 with 2 refills), there is no documentation of acute exacerbation of chronic low back pain; and the intention for short-term (less than two weeks) treatment. Regarding Zofran ODT (8mg,

#10 with 2 refills), there is no documentation of nausea and vomiting secondary to chemotherapy and radiation treatment, postoperative use, or acute use for gastroenteritis.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Bilateral Facet Injections (C4-C5): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine 2008, Low Back Complaints, page 836; and on the Non-MTUS ODG, Neck Chapter, Diagnostic Blocks

**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, Medial Branch Blocks (MBBs)

**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 cervical pain that is non-radicular and at no more than two levels bilaterally, failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks, no more than 2 joint levels to be injected in one session, and no previous fusion procedure at the planned injection level, as criteria necessary to support the medical necessity of facet injection. Within the medical information available for review, there is documentation of diagnoses of cervicgia, reflex sympathetic dystrophy of upper limb, and status post C4-5 discectomy and fusion. In addition, there is documentation of cervical pain that is non-radicular and at no more than two levels bilaterally; failure of conservative treatment (home exercise, PT, and NSAIDs); and no more than 2 joint levels to be injected in one session. However, given documentation of a diagnosis of status post C4-5 discectomy and fusion, there is no documentation of no previous fusion procedure at the planned injection level. Therefore, based on guidelines and a review of the evidence, the request for Bilateral Facet Injections (C4-C5) is not medically necessary.

#### **Right Suprascapular Nerve Block (with fluoroscopic guidance and moderate sedation): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Shoulder Chapter, Nerve Blocks

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Suprascapular Nerve Block

**Decision rationale:** MTUS does not address this issue. ODG identifies documentation of a condition/diagnosis (with supportive subjective/objective findings) for which a suprascapular nerve block is indicated (such as: degenerative disease and/or arthritis), as criteria necessary to

support the medical necessity of a suprascapular nerve block. Within the medical information available for review, there is documentation of diagnoses of cervicalgia, reflex sympathetic dystrophy of upper limb, and status post C4-5 discectomy and fusion. However, despite documentation of subjective (right shoulder pain) and objective (positive Tinel's sign over right suprascapular nerve) findings, there is no documentation of a condition/diagnosis (with supportive subjective/objective findings) for which a suprascapular nerve block is indicated (degenerative disease and/or arthritis). Therefore, based on guidelines and a review of the evidence, the request for right suprascapular nerve block (with fluoroscopic guidance and moderate sedation) is not medically necessary.

**Fenoprofen Calcium (400mg, #60 with 2 refills): 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 (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. Within the medical information available for review, there is documentation of diagnoses of cervicalgia, reflex sympathetic dystrophy of upper limb, and status post C4-5 discectomy and fusion. In addition, there is documentation of pain. However, given documentation of an associated request for Naproxen (NSAID) that has been authorized/certified, there is no documentation of a rationale identifying the medical necessity of two concurrent requests for NSAIDs. Therefore, based on guidelines and a review of the evidence, the request for Fenoprofen Calcium (400mg, #60 with 2 refills) is not medically necessary.

**Omeprazole DR (20mg, #60 with 2 refills): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs)

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. ODG identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of Omeprazole. Within the medical information available for review, there is documentation of diagnoses of cervicalgia, reflex sympathetic dystrophy of upper limb, and status post C4-5 discectomy and

fusion. However, despite documentation of ongoing treatment with NSAID, there is no documentation of risk for gastrointestinal event (high dose/multiple NSAID). Therefore, based on guidelines and a review of the evidence, the request for Omeprazole DR (20mg, #60 with 2 refills) is not medically necessary.

**Orphenadrine (100mg, #50 with 2 refills): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Orphenadrine Page(s): 65.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain)

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnoses of cervicalgia, reflex sympathetic dystrophy of upper limb, and status post C4-5 discectomy and fusion. In addition, there is documentation of Orphenadrine used as a second line option. However, there is no documentation of acute muscle spasms or acute exacerbation of chronic low back pain. In addition, given documentation of a request for Orphenadrine (#50 with 2 refills), there is no (clear) documentation of the intention for short-term (less than two weeks) treatment. Therefore, based on guidelines and review of the evidence, the request for Orphenadrine (100mg, #50 with 2 refills) is not medically necessary.

**Zofran ODT (8mg, #10 with 2 refills): Upheld**

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

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

**Decision rationale:** MTUS does not address the issue. ODG identifies documentation of nausea and vomiting secondary to chemotherapy and radiation treatment, postoperative use, or acute use for gastroenteritis, as criteria necessary to support the medical necessity of Ondansetron (Zofran). 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. Within the medical information available for review, there is documentation of diagnoses of cervicalgia, reflex sympathetic dystrophy of upper limb, and status post C4-5 discectomy and fusion. However, there is no documentation of nausea and vomiting secondary to chemotherapy and

radiation treatment, postoperative use, or acute use for gastroenteritis. Therefore, based on guidelines and review of the evidence, the request for Zofran ODT (8mg, #10 with 2 refills) is not medically necessary.

**Baseline Pain Psych Testing:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Pain Chapter, Psychological Evaluations

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 16 Eye Chapter Page(s): 454. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Psychological testing, Mental Illness & Stress

**Decision rationale:** MTUS reference to ACOEM identifies that neuro-psychological testing is useful in assessing functional status or determining workplace accommodations in individuals with stable cognitive deficits. ODG supports psychological testing (including BHI - Battery for Health Improvement, MBHI - Millon Behavioral Health Inventory, MBMD - Millon Behavioral Medical Diagnostic, PAB - Pain Assessment Battery, MCMI-111 - Millon Clinical Multiaxial Inventory, MMPI-2 - Minnesota Inventory, PAI - Personality Assessment Inventory, BBHI 2 - Brief Battery for Health Improvement, MPI - Multidimensional Pain Inventory, P-3 - Pain Patient Profile, Pain Presentation Inventory, PRIME-MD - Primary Care Evaluation for Mental Disorders, PHQ - Patient Health Questionnaire, SF 36, SIP - Sickness Impact Profile, BSI - Brief Symptom Inventory, BSI 18 - Brief Symptom Inventory, SCL-90 - Symptom Checklist, BDI-II - Beck Depression Inventory, CES-D - Center for Epidemiological Studies Depression Scale, PDS - Post Traumatic Stress Diagnostic Scale, Zung Depression Inventory, MPQ - McGill Pain Questionnaire, MPQ-SF - McGill Pain Questionnaire Short Form, Oswestry Disability Questionnaire, Visual Analogue Pain Scale - VAS) in the evaluation/management of patients with chronic pain and/or reactive symptoms of stress/anxiety/depression. Within the medical information available for review, there is documentation of diagnoses of cervicalgia, reflex sympathetic dystrophy of upper limb, status post C4-5 discectomy and fusion, and depression/anxiety secondary to pain. In addition, there is documentation of chronic pain; and a request for baseline psychological profile for P-3/BBHI-2. Therefore, based on guidelines and review of the evidence, the request for baseline pain psych testing is medically necessary.

**Electronic Psych Testing:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Pain Chapter, Psychological Evaluations

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 16 Eye Chapter Page(s): 454. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Psychological testing, Mental Illness & Stress

**Decision rationale:** MTUS reference to ACOEM identifies that Neuro-psychological testing is useful in assessing functional status or determining workplace accommodations in individuals with stable cognitive deficits. ODG supports psychological testing (including BHI - Battery for Health Improvement, MBHI - Mallon Behavioral Health Inventory, MBMD - Mallon Behavioral Medical Diagnostic, PAB - Pain Assessment Battery, MCMI-111 - Mallon Clinical Multiaxial Inventory, MMPI-2 - Minnesota Inventory, PAI - Personality Assessment Inventory, BBHI 2 - Brief Battery for Health Improvement, MPI - Multidimensional Pain Inventory, P-3 - Pain Patient Profile, Pain Presentation Inventory, PRIME-MD - Primary Care Evaluation for Mental Disorders, PHQ - Patient Health Questionnaire, SF 36, SIP - Sickness Impact Profile, BSI - Brief Symptom Inventory, BSI 18 - Brief Symptom Inventory, SCL-90 - Symptom Checklist, BDI-II - Beck Depression Inventory, CES-D - Center for Epidemiological Studies Depression Scale, PDS - Post Traumatic Stress Diagnostic Scale, Zung Depression Inventory, MPQ - McGill Pain Questionnaire, MPQ-SF - McGill Pain Questionnaire Short Form, Oswestry Disability Questionnaire, Visual Analogue Pain Scale - VAS) in the evaluation/management of patients with chronic pain and/or reactive symptoms of stress/anxiety/depression. Within the medical information available for review, there is documentation of diagnoses of cervicalgia, reflex sympathetic dystrophy of upper limb, status post C4-5 discectomy and fusion, and depression/anxiety secondary to pain. In addition, there is documentation of chronic pain; and a request for baseline psychological profile for P-3/BBHI-2. Therefore, based on guidelines and review of the evidence, the request for electronic psych testing is medically necessary.