

Case Number:	CM14-0205689		
Date Assigned:	04/23/2015	Date of Injury:	02/25/2012
Decision Date:	05/20/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/09/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 35 year old female patient who sustained an industrial injury on 02/25/2012. A primary treating office visit dated 05/30/2014 reported subjective complaints of persistent neck pains. The pain is rated an 8 out of 10 in intensity without the use of medication Norco, and with the use of Norco the pain is rated a 4 out of 10 in intensity. Current medication showed Norco 5/235mg one to two tablets daily for pain. The following diagnoses are applied: neck pain status post C5-6 and C6-7 fusion on 06/05/2012 with esophageal perforation; surgery of the esophagus on 10/25/2012 and revision of fusion C5-6 on 09/24/2013, and upper back and mid back pain. The plan of care involved dispensing Norco, pending magnetic resonance imaging, continue walking and follow I up in one month. A primary treating office visit dated 10/28/2014 reported subjective complaint of neck pain persists and accompanied with radicular symptoms into bilateral upper extremities. She continues using Norco for the pain which gives her significant relief; however, she has been double up on the dose and is asking if she can increase the dose. There is no change in the diagnoses. The plan of care involved: increasing Norco from 5/325mg to 10/325mg 1-2 daily. Of note, she has taken gabapentin and Lyrica in the past with no significant improvement. Also with recommendation for surgical consult regarding neck, cervical medial branch blocks, stay active and exercise, and follow up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic Cervical Medial Branch Block at C4-: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck- Facet joint diagnostic blocks.

Decision rationale: Diagnostic Cervical Medial Branch Block at C4-5 is not medically necessary per the MTUS Guidelines and the ODG. The MTUS states that there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The ODG states that facet joints should be limited to patients with cervical pain that is non-radicular. The documentation indicates that the patient has radicular pain therefore this request is not medically necessary.

Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid hyperalgesia and ongoing management Page(s): 95-96 and 78-80.

Decision rationale: Norco 10/325mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that patients who receive opiate therapy sometimes develop unexpected changes in their response to opioids. This may include the development of abnormal pain (hyperalgesia), a change in pain pattern, or persistence in pain at higher levels than expected. These types of changes occur in spite of continued incremental dose increases of medication. Opioids in this case actually increase rather than decrease sensitivity to noxious stimuli. It is important therefore to note that a decrease in opioid efficacy should not always be treated by increasing the dose, but may actually require weaning. The documentation indicates that the patient has had to double up on her dose of Norco suggesting possible opioid hyperalgesia. The documentation indicates that the patient has been on long term opioids without significant functional improvement or significant pain relief as the patient has had to double up on her dose. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain therefore this request is not medically necessary.