

Case Number:	CM14-0207558		
Date Assigned:	12/19/2014	Date of Injury:	03/12/2012
Decision Date:	02/25/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/11/2014

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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 35 year old female with an injury date of 03/12/12. The 12/10/14 report states that the patient presents with bilateral neck pain, upper worse than lower and right worse than left with cervicogenic headaches and pain radiating to the shoulders. The reports do not state if the patient is currently working. Examination reveals tenderness upon palpation of the cervical paraspinal muscles overlying the bilateral C2 to T1 facet joints and right wrists. There are cervical muscle spasms and Cervical and bilateral wrist ranges of motion were restricted by pain in all directions. Cervical facet joint and bilateral wrist provocative maneuvers are positive along with positive cervical muscle spasms. The patient's listed diagnoses include:1. Reversal of normal lordotic curve2. Small signal abnormality in the dorsal spinal cord at C4-C53. S/p right C3-4 and right C4-5 facet joint RFA and diagnostic medial branch block4. S/p bilateral C5-C6 and C6-C7 RFA5. S/p left C5-C6 and C6-C7 RFA6. Cervical facet joint arthropathy7. Right cervical facet joint pain 8. Bilateral upper cervical facet joint pain at C2-C3, C3-C4 and C4-C59. Cervical disc protrusion10. Cervical stenosis11. Cervical degenerative disease12. Cervical sprain/strain13. Bilateral wrist tendinitisThe patient received right wrist surgery November 2013 and has a medical history of Hypertension. Current medications are listed as Lisinopril, Lidoderm patch, Ketoprofen cream, Cymbalta, MSER, MSIR and Skelaxin. The utilization review is dated 12/02/14. Only one report is provided for review dated 12/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left C3-C4 facet joint medial branch block: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Facet joint diagnostic blocks.

Decision rationale: The patient presents with bilateral neck pain with pain radiating to the shoulders along with cervicogenic headaches. The current request is for Left C3-C4 facet joint medial branch block per the 12/10/14 report. ODG, Facet joint diagnostic blocks, states, "Recommended prior to facet neurotomy (a procedure that is considered "under study") Criteria include: Limited to non-radicular cervical pain and no more than two levels bilaterally. In this case, examination shows that the patient has "paraspinal tenderness over the bilateral facet joint C2 to T1". "Cervical facet joint provocative maneuvers are positive." The patient has a diagnosis of "Cervical facet arthropathy." The 12/10/14 report states, "The physical examination has supporting findings of cervical extension being more painful than flexion and tenderness upon palpation of the cervical paraspinal muscles overlying the left C3-C4 and left C4-C5 facet joints. The patient has failed physical therapy, NSAIDs and conservative treatments." This report also states the patient received 50% pain relief for severe right neck pain from the right C3-C4 and C4-C5 RFA (date unknown) and reduced use of Morphine Sulfate ER. The treater also notes the patient completed a home exercise program following this RFA. However, examination does show neck and cervicogenic headache pain "radiating" to the "shoulders." There is no diagnosis presented for Cervical radiculopathy. ODG, Neck and Upper Back Chapter, Facet joint pain, signs and symptoms, states, "The most common symptom is unilateral pain that does not radiate past the shoulder." In this case, the request meets guidelines, and past diagnostic blocks and RFA have been beneficial on the right at the same level. The request IS medically necessary.

Left C4-C5 facet joint medial branch block: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88,89.

Decision rationale: The patient presents with bilateral neck pain with pain radiating to the shoulders along with cervicogenic headaches. The current request is for MSIR 15mg #120 (Morphine Sulfate IR, an opioid analgesic) per the 12/10/14 report. The 12/02/14 utilization review modified this request from #120 to #60. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of

the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Discussion of the patient's opioid use is limited as only one report dated 12/10/14 is provided. It is not clear how long the patient has been prescribed opioids; however, considering the patient's injuries, the date of injury, and the discussion of counseling for long-term opioid use, it appears the patient has been prescribed opioids on a long-term basis. The treater states use of this medication provides a 50% decrease in the patient's breakthrough pain. The Oswestry Disability index score is 30 (60% disability) with use of MSIR and a 38 (76%) without. The report states there is a 50% improvement in daily ADL's such as self-care and dressing. However, it is not stated that the patient is working and there is no mention of specific ADL's to show a significant change with use of this medication. Opiate management issues are addressed. The report states the patient is on an up-to-date pain contract, previous UDS was consistent and UDS was run 12/10/14, the medication has no adverse effects, and the patient shows no aberrant behavior. In this case, documentation of ADL's is not sufficient to support long-term opioid use per MTUS. This request is for #120 versus #60 certified. The request IS NOT medically necessary.

MSIR 15mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63, 64.

Decision rationale: The patient presents with bilateral neck pain with pain radiating to the shoulders along with cervicogenic headaches. The current request is for Baclofen 10mg #90 per the 12/10/14 report. The 12/02/14 utilization review modified this request from #90 to #60. The MTUS Guidelines page 63 states, "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exasperations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement." The treater does not discuss this medication in the report provided. The medication is indicated as an option as a second line treatment for lower back pain; however, this patient presents with cervical/neck pain. Treatment does appear to be a second line option as the patient is prescribed opioids. As only one report is provided, it is unknown how long the patient has been prescribed Baclofen. In this case, the treater does not state use is short-term, and the request for #90 versus #60 certified indicates long-term use. The request IS NOT medically necessary.

Baclofen 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity Drugs Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for Pain) MTUS Page(s): 63-64.

Decision rationale: The patient presents with bilateral neck pain with pain radiating to the shoulders along with cervicogenic headaches. The current request is for Baclofen 10mg #90 per the 12/10/14 report. The 12/02/14 utilization review modified this request from #90 to #60. The MTUS Guidelines page 63 states, "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exasperations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement." The treater does not discuss this medication in the report provided. The medication is indicated as an option as a second line treatment for lower back pain; however, this patient presents with cervical/neck pain. Treatment does appear to be a second line option as the patient is prescribed opioids. As only one report is provided, it is unknown how long the patient has been prescribed Baclofen. In this case, the treater does not state use is short-term, and the request for #90 versus #60 certified indicates long-term use. The request IS NOT medically necessary.