

<b>Case Number:</b>	CM14-0208420		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	05/24/2009
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 47 year old female who was injured on 5/24/2009. The diagnoses are cervicogenic pain, right shoulder subacromium bursitis, right shoulder pain, headache, cervical facet arthrosis and carpal tunnel syndrome. [REDACTED] noted that the neck pain was radicular along the C5-C6 distribution. The pain score was noted to be 8/10 on a scale of 0 to 10. There was tenderness to palpation along the cervical spine and positive right shoulder impingement test. There was muscle spasm of the cervical paraspinal muscles and tenderness over the occipito-trapezial ridge. The records show that bilateral C5-6 and C6-7 was done on 6/5/2014. The records did not show significant post procedure beneficial effects. The medications listed are Norco, Valium, Treximet and Restoril. There was a 2012 UDS report showing the absence of prescribed medications. A Utilization Review determination was rendered on 12/3/2014 recommending non certification for Nucynta 150mg, bilateral C5-C6 and C6-C7 facet blocks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nucynta 150 mg tablets: 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 Chapter, Tapentadol (Nuncynta)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of severe exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and physical therapy. The chronic use of opioids can be associated with the development of tolerance, dependency, addiction, sedation, opioid induced hyperalgesia and adverse interaction with other sedative medications. The risk of these complications are increased when multiple opioids are utilized concurrently. The records show that the patient is utilizing multiple opioid medications and sedatives concurrently. There is no documentation of failure of non opioid co-analgesics such as anticonvulsants that are opioid sparing. The records show a failed UDS (urine drug screen) in 2012. There is no documentation of guidelines recommended compliance monitoring such as recent UDS, absence of aberrant behavior or medication pills monitoring. The criteria for the use of Nucynta 150mg were not met. Therefore, this request is not medically necessary.

**Right C5-6 facet block:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Neck and Upper Back. Cervical Facet Injections.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that cervical facet procedures can be utilized for the treatment of pain from cervical facet syndrome that did not respond to conservative treatments with medications and physical therapy. The records indicate that the patient was noted to have subjective and objective findings indicative of cervical radicular pain. The guidelines recommend that facet injections can be utilized only if the pain is non radicular. There is no documentation showing significant beneficial effects following the cervical facet blocks performed on 6/5/2014. There is no documentation of failure of physical therapy and home exercise program. There is no radiological report showing facet findings but excluding radicular causes of cervical pain. The criteria for right C5-C6 facet block were not met. Therefore, this request is not medically necessary.

**Left C5-6 facet block:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Neck and Upper Back Facet Blocks.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that cervical facet procedures can be utilized for the treatment of pain from cervical facet syndrome that did not respond to conservative treatments with medications and physical therapy. The records indicate that the patient was noted to have subjective and objective findings indicative of cervical radicular pain. The guidelines recommend that facet injections can be utilized only if the pain is non radicular. There is no documentation showing significant beneficial effects following the cervical facet blocks performed on 6/5/2014. There is no documentation of failure of physical therapy and home exercise program. There is no radiological report showing facet findings but excluding radicular causes of cervical pain. The criteria for left C5-C6 facet block were not met. Therefore, this request is not medically necessary.

**Right C6-7 facet block:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. Neck and Upper Back. Facet Blocks.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that cervical facet procedures can be utilized for the treatment of pain from cervical facet syndrome that did not respond to conservative treatments with medications and physical therapy. The records indicate that the patient was noted to have subjective and objective findings indicative of cervical radicular pain. The guidelines recommend that facet injections can be utilized only if the pain is non radicular. There is no documentation showing significant beneficial effects following the cervical facet blocks performed on 6/5/2014. There is no documentation of failure of physical therapy and home exercise program. There is no radiological report showing facet findings but excluding radicular causes of cervical pain. The criteria for right C6-C7 facet block were not met. Therefore, this request is not medically necessary.

**Left C6-7 facet block:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low and Upper Back.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that cervical facet procedures can be utilized for the treatment of pain from cervical facet syndrome that did not

respond to conservative treatments with medications and physical therapy. The records indicate that the patient was noted to have subjective and objective findings indicative of cervical radicular pain. The guidelines recommend that facet injections can be utilized only if the pain is non radicular. There is no documentation showing significant beneficial effects following the cervical facet blocks performed on 6/5/2014. There is no documentation of failure of physical therapy and home exercise program. There is no radiological report showing facet findings but excluding radicular causes of cervical pain. The criteria for left C6-C7 facet block were not met. Therefore, this request is not medically necessary.