

<b>Case Number:</b>	CM14-0217615		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	07/27/1989
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/29/2014

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 claimant has a remote history of a work injury occurring in 1989. He was seen on 04/03/14. He was having back pain radiating into the lower extremities. He had pain decreased from 10/10 down to 5/10 when taking Norco. Physical examination findings included cervical paraspinal muscle tenderness with trigger points and decreased range of motion. Authorization for cervical facet injections was requested. On 05/22/14 bilateral intra-articular cervical facet injections were performed. On 08/14/14 there had been a 40% improvement after injections. He was having residual left leg pain. He had improved ability to perform activities. Physical examination findings of the cervical spine appear unchanged. On 12/04/14 he had ongoing neck and back pain. Neck pain was radiating into the upper extremities. Physical examination findings included cervical, trapezius, and rhomboid muscle tenderness with decreased and painful cervical spine range of motion. There was decreased upper extremity strength. Pain was rated at 8/10. He was continuing to take Norco 10/325 mg up to three times per day.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**C2-C3, C3-C4 and C6-C7 facet injections:** 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 & Upper Back Chapter

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

**Decision rationale:** In terms of the requested facet injections, facet joint diagnostic blocks are recommended with the anticipation that, if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Criteria include patients with cervical pain that is non-radicular. In this case, the claimant has radiating neck pain consistent with radicular symptoms. The requesting provider does not document cervical facet tenderness or positive facet loading maneuvers. Therefore, the requested facet injections are not medically necessary.

**Norco 10/325mg #120:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77-78.

**Decision rationale:** Norco (Hydrocodone/Acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse, addiction, or poor pain control. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. The total MED is less than 120 mg per day consistent with guideline recommendations. Therefore, the prescription of Norco 10/325mg #120 was medically necessary.