

Case Number:	CM15-0002412		
Date Assigned:	01/29/2015	Date of Injury:	09/25/1997
Decision Date:	03/18/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	01/06/2015

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 63 year old female, who sustained an industrial injury on 09/25/1997. She has reported neck pain, headaches, and left shoulder pain. The diagnoses have included cervicalgia; cervical spine degenerative disc disease; chronic pain syndrome; acromioclavicular joint ligament sprain and strain; shoulder pain/impingement; and occipital neuralgia. Treatment to date has included medications and surgical interventions. Medications have included Norco, Celebrex, Paxil, and Terocin Lotion. A progress note from the treating physician, dated 11/11/2014, documented a follow-up evaluation of the injured worker. The injured worker reported neck pain; headaches; left shoulder pain; pain is rated at 3-4/10 on the visual analog scale; significant benefit from the median nerve branch block at bilateral C2, C3, C4 administered on 09/26/2014, with pain decreased over 80%; and medications decrease pain by over 50% and improve activity. Objective findings revealed cervical spine paraspinal tenderness; lumbar paraspinal muscle spasm; tenderness to palpation over the lumbar-sacral spine; and limited left shoulder range of motion. The treatment plan includes continuation/prescriptions for medications; request for median nerve branch block at C2, C3, C4; and follow-up evaluation in four weeks. On 12/04/2014 Utilization Review noncertified 1 Unknown prescription for Terocin; 1 Median nerve branch block at C2, C3, C4; and 1 Re-consultation. The CA MTUS, ACOEM were cited. On 12/31/2014, the injured worker submitted an application for IMR for review of 1 Unknown prescription for Terocin; 1 Median nerve branch block at C2, C3, C4; and 1 Re-consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown prescription for Terocin: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: Unknown prescription for Terocin is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. Terocin lotion contains methyl salicylate; Capsaicin 0.025g; menthol; lidocaine. The ingredients in Ben Gay include methyl salicylate which is supported by the MTUS. The guidelines state that Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The guidelines indicate that topical formulations of lidocaine (whether creams, lotions or gels) are not indicated for neuropathic pain. The documentation does not indicate intolerance of oral medications. The guidelines do not support the topical lotion form of Lidocaine in this case. The request for unknown prescription for Terocin is not medically necessary.

One medial nerve branch block at C2, C3, C4: 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) Neck and Upper Back (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Neck and Upper back

Decision rationale: One medial nerve branch block at C2,C3,C4 is not medically necessary per the MTUS ACOEM Guidelines and the ODG. 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 diagnostic blocks are recommended prior to facet neurotomy . Diagnostic blocks are performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Current research indicates that a minimum of one diagnostic block be performed prior to a neurotomy, and that this be a medial branch block (MBB). Facet joint therapeutic steroid injections are not recommended. The documentation indicates that the patient already had a 9/26/14 C2,3,4 medial nerve branch block with 80% relief. The documentation indicates that the patient cannot have a C2 rhizotomy due to dizziness. The guidelines do not support a second facet block. The guidelines state that diagnostic blocks are performed with anticipation that treatment will proceed to a facet neurotomy. The request for this medial nerve branch block at C2,C3,C4 is not medically necessary.

One re-consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 92.
Decision based on Non-MTUS Citation Neck and Upper back

Decision rationale: One re-consultation is not medically necessary per the MTUS Guidelines and the ODG. The MTUS ACOEM states that a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. The ODG states that evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. The documentation indicates that the patient received 80% relief from the medial nerve branch block to C2,3,4 on 9/26/14. The documentation states that a C2 rhizotomy will be avoided due to dizziness. The documentation is not clear on how this consultation will change her medical management. Furthermore, the request does not indicate what specialist the consultation is for. For these reasons one re consultation is not medically necessary.