

<b>Case Number:</b>	CM15-0102864		
<b>Date Assigned:</b>	06/05/2015	<b>Date of Injury:</b>	06/30/2000
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2015

### 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: California, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 45-year-old male, with a reported date of injury of 06/30/2000. The diagnoses include neck pain, cervical discogenic degenerative disease, status post cervical fusion at C5-6, cervical facet osteoarthritis around the C3-4 and C4-5 levels, and failed neck surgery syndrome. Treatments to date have included an MRI of the cervical spine on 07/30/2013 and 08/02/2005; anterior cervical discectomy and fusion; oral medications; heat; ice; gentle stretching; and exercise. The progress report dated 03/27/2015 indicates that the injured worker complained of chronic and aching neck pain with occipital headache and bilateral upper extremity pain. He also reported pain radiating from the neck down to the left shoulder. The pain was rated 4-5 out of 10 with medications and 7-8 out of 10 without medications. The medications reduced pain by 10-30%. The injured worker reported that the pain moderately affects his relationships, mood, sleep patterns, work/concentration, and his overall functioning. The physical examination showed restricted cervical range of motion, positive Spurling's test, positive right Tinel's on the occipital, and interscapular and posterior neck pain bilaterally. The treating physician requested Flexeril 10mg #90 with two refills, Percocet 10/325 mg #60, and injection block to the right occipital nerve.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10 MG Qty 90 with 2 Refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

**Decision rationale:** The patient presents with pain affecting the cervical spine. The current request is for Flexeril 10 MG Qty 90 with 2 refills. The treating physician states in the report dated 3/27/15, "Medications Prescribed Today: Flexeril 10mg 1 po TID prn #90". (9B) The MTUS guidelines state, "Recommended as an option, using a short course of therapy. Treatment should be brief". In this case, the treating physician has prescribed this medication for long term use and the MTUS guidelines only recommend this medication for short term use of 2-3 weeks. The current request is not medically necessary.

**Narcotic Percocet 10/325 MG Qty 60: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** The patient presents with pain affecting the cervical spine. The current request is for Narcotic Percocet 10/325 MG Qty 60. The treating physician states in the report dated 3/27/15, "Chronic pain medication regimen and rest continue to keep pain within a manageable level allowing the patient to complete necessary activities of daily living. Medications Prescribed Today: Percocet 10/325 1 po BID #60". (9B) For chronic opiate use, the 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 4A's (analgesia, ADLs, adverse side effects, and aberrant 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. In this case, the treating physician has documented that the patient has not had any side effects or aberrant behaviors, is able to perform ADLs with this medication and the medication brings the pain level from a 7-8/10 to a 4-5/10. The current request is medically necessary.

**Injection Block to Right Occipital Nerve: Upheld**

**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 ODG, Neck, Occipital Nerve Block.

**Decision rationale:** The patient presents with pain affecting the cervical spine. The current request is for Injection Block to Right Occipital Nerve. The treating physician states in the report dated 3/27/15, "Request Authorization: Right Occipital Nerve Block- In office". (9B) The ODG guidelines state "Under study for treatment of occipital neuralgia and cervicogenic headaches. There is little evidence that the block provides sustained relief". In this case, the treating physician has requested a treatment which is still under study and is currently not supported by the ODG guidelines. The current request is not medically necessary.