

<b>Case Number:</b>	CM15-0131635		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	02/28/2013
<b>Decision Date:</b>	09/22/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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: 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 injured worker is a 64 year old male, who sustained an industrial injury on February 28, 2013. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having fasciitis, cervical disc degeneration, multiple contusions, sprain, lumbago, headache, cervicocranial syndrome, joint pain shoulder, brachial neuritis, lumbosacral spondylosis, spasm of muscle, lumbar/lumbosacral disc degeneration, muscular calcification, neuralgia/neuritis, lumbosacral neuritis, myalgia and myositis, cervical spondylosis with myelopathy and cervicgia. Treatment to date has included diagnostic studies, right L4, 5 TFE and medications. The 4/29/2013 MRI of the lumbar spine showed multilevel disc bulges, facet arthropathy and neural foramina narrowing. On March 11, 2015, the injured worker complained of low back pain radiating into the posterior aspect of the legs into the knees, neck and bilateral shoulders down the arms/hands. His medications were noted to be helping with his symptoms. The treatment plan included medications, right L4, 5 TFE and consultation with a spine surgeon. The medications listed are Nucynta, Flexeril, Cialis, Celebrex, Voltaren gel, Prilosec and Zanaflex. On June 16, 2015, Utilization Review non-certified the request for outpatient right medial branch blocks (MBB) at L2, 3, 4 and 5 levels, Flexeril 10 mg #90, Voltaren gel quantity two tubes, Nucynta ER 150 mg #60 and Nucynta IR 100 mg #90, citing California MTUS Guidelines and Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right medial branch blocks at L2, L3, L4 and L5: 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).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-315. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low Back.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that lumbar facet injection scan be utilized for the treatment of non radicular low back pain when conservative treatments with medications and PT have failed. The records indicate that the patient have subjective, objective and radiological findings consistent with the diagnosis of lumbar radiculopathy not facet syndrome. The guidelines recommend that facet and median branch injections be limited to 3 levels or less to accurately evaluate efficacy. The criteria for the Right median branch block at L2, L3, L4 and L5 was not met. The request is not medically necessary.

**Flexeril 10mg qty: 90.00: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 41. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Muscle Relaxants.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for the short term treatment of exacerbation of musculoskeletal pain when standard treatments with NSAIDs and PT have failed. The chronic use of muscle relaxants can be associated with the development of tolerance, dependency, sedation, addiction and adverse interaction with other sedatives. The records indicate that the duration of utilization of muscle relaxants had exceeded the guidelines recommended maximum period of 4 to 6 weeks. The criteria for the use of Flexeril 10mg #90 was not met. The request is not medically necessary.

**Voltaren gel qty: 2 tubes: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of exacerbation of musculoskeletal pain. The chronic use of NSAIDs can be associated with the development of cardiac, renal and gastrointestinal complications. The incidence of complications is significantly increased when multiple formulations of NSAIDs are utilized concurrently. The records indicate that the patient is utilizing multiple NSAID medications. The criteria for the use of Voltaren gel 2 tubes was not met. The request is not medically necessary.

**Nucynta ER 150mg qty 60.00:** 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).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 67-73, 111, 113, 119. 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 short term treatment of exacerbation of musculoskeletal pain that did not respond to standard treatments with NSAIDs, non opioid co-analgesic and PT. The chronic use of high dose opioids is associated with the development of tolerance, dependency, sedation, addiction, opioid induced hyperalgesia and adverse interaction with other sedative agents. The patient had been on various opioid medications for many years. It is recommended that standard protocol be utilized for safe opioid weaning. The criteria for the use of Nucynta ER 150mg #60 was not met. The request is not medically necessary.

**Nucynta IR 100mg qty 90.00:** 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).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 111, 113, 119. 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 short term treatment of exacerbation of musculoskeletal pain that did not respond to standard treatments with NSAIDs, non opioid co-analgesic and PT. The chronic use of high dose opioids is associated with the development of tolerance, dependency, sedation, addiction, opioid induced hyperalgesia and adverse interaction with other sedative agents. The patient had been on various opioid medications for many years. It is recommended that standard protocol be utilized for safe opioid weaning. The criteria for the use of Nucynta IR 100mg #90 was not met. The request is not medically necessary.