

Case Number:	CM15-0147378		
Date Assigned:	08/10/2015	Date of Injury:	10/20/2005
Decision Date:	09/09/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	07/29/2015

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, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 37 year old female patient, who sustained an industrial injury on 10-20-2005. She sustained the injury while breaking up a fight between two patients. The diagnoses include cervical 5-6 fusion, cervical discogenic disease, chronic cervical sprain-strain and carpal tunnel syndrome. Per the progress note dated 6-11-2015, she had complains of chronic neck pain rated 8 out of 10 without medications and 3 out of 10 with medications and right arm pain. Physical examination revealed cervical spasm, facet tenderness and right sided radicular pain; bilateral wrists- positive Phalen's test; right shoulder- positive Impingement test. Per the note dated 4/16/2015, she had pain at 8/10 without medications and 3/10 with medications. The medications list includes norco, tizanidine and caps cream. Psyche doctor gave her antidepressant. She has had EMG/NCS upper extremities dated 6/27/2014 which revealed bilateral chronic active C6-7 radiculopathy; cervical MRI dated 3/29/2015 which revealed post surgical changes and multilevel disc protrusions. She has undergone cervical fusion. She has had cervical facet blocks on 3/13/2012 and 4/22/15. She has had a home exercise program for this injury. She has had urine drug screen on 2/26/15. The treating physician is requesting Norco 10-325 mg #240, cervical 5-7 facet block and 8 sessions of chiropractic care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for neuropathic pain Page(s): 80-83, 86, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page 75-80.

Decision rationale: Norco 10/325mg #240. Norco contains Hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to the cited guidelines, a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non- opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: The lowest possible dose should be prescribed to improve pain and function, continuing review of overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. The records provided do not provide a documentation of response in regards to pain control and objective functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Response to anticonvulsant or lower potency opioid for chronic pain is not specified in the records provided. Per the cited guidelines, Measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. (Nicholas, 2006) (Ballantyne, 2006) A recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of key outcome goals including pain relief, improved quality of life, and/or improved functional capacity. (Eriksen, 2006) This patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Norco 10/325mg #240 is not established for this patient, based on the clinical information submitted for this review and the peer reviewed guidelines referenced. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms, therefore is not medically necessary.

Cervical facet block C5-7, Qty: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG 2015 online Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175, Initial care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Neck & Upper Back (updated 06/25/15) Facet joint therapeutic steroid injections.

Decision rationale: Cervical facet block C5-7, Qty: 1. Per the cited guidelines Invasive techniques (e.g., needle acupuncture and injection procedures, such as injection of trigger points, facet joints,2 or corticosteroids, Lidocaine, or opioids in the epidural space) have no proven benefit in treating acute neck and upper back symptoms. Per the ODG guidelines: Facet joint therapeutic injections are not recommended. Intra-articular blocks: No reports from quality studies regarding the effect of intra-articular steroid injections are currently known. There are also no comparative studies between intra-articular blocks and rhizotomy. (Falco, 2009) (van Eerd, 2010) There is one randomized controlled study evaluating the use of therapeutic intra-articular corticosteroid injections. There is no high grade scientific evidence to support facet joint block for this diagnosis. In addition, regarding facet joint injections, ODG states, " While not recommended, criteria for use of therapeutic intra-articular and medial branch blocks, if used anyway: Clinical presentation should be consistent with facet joint pain, signs & symptoms. 1. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. 2. If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). 3. When performing therapeutic blocks, no more than 2 levels may be blocked at any one time. 5. There should be evidence of a formal plan of rehabilitation in addition to facet joint injection therapy. 6. No more than one therapeutic intra-articular block is recommended. Per the records provided patient had cervical pain with radicular symptoms in the right upper extremity. Patient has history of cervical 5-6 fusion. The cited guidelines do not recommended facet block for patient with radicular pain or history of previous fusion. She has had cervical facet blocks on 3/13/2012 and 4/22/15. Documented evidence of pain relief for at least 50% for duration of at least 6 weeks with previous facet block is not specified in the records provided. Response to previous conservative therapy including physical therapy visits is not specified in the records provided. Request is at 3 levels which is more than by the recommended cited criteria. The medical necessity of Cervical facet block C5-7, Qty: 1 is not fully established for this patient at this juncture, therefore is not medically necessary.

Chiropractic therapy cervical spine Qty: 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & Manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 58-60, Manual therapy & manipulation.

Decision rationale: Chiropractic therapy cervical spine Qty: 8. Per the cited guidelines regarding chiropractic treatment Elective/maintenance care- Not medically necessary. One of the goals of any treatment plan should be to reduce the frequency of treatments to the point where maximum therapeutic benefit continues to be achieved while encouraging more active self- therapy, such as independent strengthening and range of motion exercises, and rehabilitative exercises. Patients also need to be encouraged to return to usual activity levels despite residual pain, as well as to avoid catastrophizing and overdependence on physicians, including doctors of chiropractic. Response to previous conservative therapy including physical

therapy and pharmacotherapy was not specified in the records provided. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of Chiropractic therapy cervical spine Qty: 8 are not fully established for this patient, therefore is not medically necessary.