

Case Number:	CM15-0160294		
Date Assigned:	08/26/2015	Date of Injury:	05/02/2011
Decision Date:	09/30/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	08/17/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 53-year-old female, who sustained an industrial injury on May 2, 2011. She reported cumulative trauma resulting in symptoms in her neck, mid back, low back, bilateral upper extremities, and right lower extremity. The injured worker was diagnosed as having right hip pain, carpal tunnel syndrome, sacroiliitis, pelvic pain, chronic hip pain, trochanteric bursitis, lumbar discogenic spine pain, lumbar radiculopathy, cervical discogenic spine pain, and brachial neuropathy. Treatments and evaluations to date have included carpal tunnel release, x-rays, nerve blocks, epidural steroid injections (ESIs), occupational therapy, physical therapy, TENS, and medication. Currently, the injured worker reports right hip pain, bilateral wrists pain, low back pain, and neck pain radiating down her bilateral arms with fascial pain mostly on the left side and pain behind the left eye. The Primary Treating Physician's report dated July 13, 2015, noted the injured worker rated her pain as 6 out of 10 on a good day and 10 out of 10 on a bad day. The injured worker's current medications were listed as Celebrex, Norco, Gabapentin, Paroxetine, and Simvastatin. Physical examination was noted to show the cervical spine with tenderness to palpation diffusely at C7-C8, and tenderness to palpation of the lumbar spine at L5-S1. The treatment plan was noted to include renewal of the Norco, a urine drug screen (UDS), and requests for caudal epidural steroid injection (ESI), cervical epidural steroid injection (ESI) times two, and cervical facet medial branch block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical facet MBB (medial branch block) under anesthesia with x-ray and fluoroscopic guidance at C2 and C3, per 07/13/15 order: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175, 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Facet joint therapeutic steroid injections.

Decision rationale: According to the ODG, medial branch blocks (MBBs) are generally considered a diagnostic tool. While not recommended, criteria for use of MBBs are as follows: there should be no evidence of radicular pain, spinal stenosis, or previous fusion; if the medial branch block is positive, the recommendation is subsequent neurotomy; no more than 2 joint levels bilaterally may be blocked at any one time; there should be evidence of a formal plan of rehabilitation in addition to facet joint injection therapy. In this case, the injured worker was noted to report neck pain going down both arms, with a diagnosis of cervical radiculopathy. The guideline criteria were not met. In addition, there is no documentation of failure of guideline-supported conservative treatment (for 4-6 weeks) to relieve pain. Therefore, based on the guidelines, the documentation provided did not support the medical necessity of the request for a cervical facet MBB under anesthesia with x-ray and fluoroscopic guidance at C2 and C3, per the July 13, 2015 order.

Supraorbital nerve block under anesthesia with x-ray and fluoroscopic guidance at the third occipital nerve, quantity: 2, per 07/13/15 order: 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 & Upper Back (updated 06/25/15) - Online Version , Greater occipital nerve block, therapeutic.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175, 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head and Neck Complaints (Acute & Chronic) Chapter, Greater Occipital Nerve Block.

Decision rationale: A supraorbital nerve block is often used to accomplish regional anesthesia of the face because it offers several advantages over local tissue infiltration. It is indicated for conditions such as wound closure, pain relief, anesthesia for debridement and in conditions where there is a contraindication to general anesthesia. The Official Disability Guidelines (ODG) notes that greater occipital nerve blocks are under study, noting there is little evidence that the block provides sustained relief, with difficulty noted in that occipital nerve blocks are non-specific. In this case there is no specific indication for the requested supraorbital nerve block. Therefore based on the guidelines, the request for supraorbital nerve block under anesthesia with x-ray and fluoroscopic guidance at the third occipital nerve, quantity: 2, per the July 13, 2015 order is not medically necessary.

Cervical ESI (epidural steroid Injection) under anesthesia with x-ray and fluoroscopic guidance at C7-T1, quantity: 2, per 7/13/15 order: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175, 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head and Neck Complaints (Acute & Chronic), Greater Occipital Nerve Block.

Decision rationale: According to the California MTUS Treatment Guidelines, epidural steroid injections are recommended as an option for the treatment of radicular pain. Criteria for use of cervical epidural steroid injections (CESI's) include radiculopathy that must be documented by physical exam and corroborated by imaging studies and/or electro-diagnostic testing. The patient should be initially unresponsive to conservative treatments such as exercise programs, physical methods, NSAIDs, and muscle relaxants. Injections should be performed using fluoroscopy for guidance. CESI's are of uncertain benefit and should be preserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. The criteria for use includes radiculopathy due to herniated nucleus pulposus (HNP), but not spinal stenosis, and must be documented with objective findings present on examination and corroborated by imaging studies and/or electrodiagnostic studies. The documentation provided did not indicate that the injured worker had been unresponsive to conservative treatments. The documentation provided did not include evidence of radiculopathy on the physical examination, nor were there imaging studies to corroborate the diagnosis of radiculopathy. Therefore, based on the guidelines, the documentation provided did not support the medical necessity of the request for CESI under anesthesia with x-ray and fluoroscopic guidance at C7-T1, quantity: 2, per the July 13, 2015 order.

Urine toxicology screening, quantity: 1, per 7/13/15 order: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80 and 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine drug testing (UDT).

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines notes that drug testing is recommended as an option, using a urine drug screen (UDS) to assess for the use or the presence of illegal drugs, and for the occurrence of any potentially aberrant or nonadherent drug related behaviors. The Official Disability Guidelines (ODG) recommends urine drug testing at the onset of treatment, and ongoing monitoring. If a patient has evidence of a "high risk" of addiction, has a history of aberrant behavior, personal or family history of substance dependence (addiction), or a personal history of sexual or physical trauma, ongoing urine drug testing is indicated as an adjunct to monitoring along with clinical exams and pill counts, and if dose increases are not decreasing pain and increasing function, consideration of urine drug testing should be made to aid in evaluating medication compliance and adherence. The frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument. Injured workers at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. Injured workers at "moderate risk" for addiction/aberrant behavior are recommended for

point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. This includes patients undergoing prescribed opioid changes without success, patients with a stable addiction disorder, those patients in unstable and/or dysfunction social situations, and for those patients with comorbid psychiatric pathology. Injured workers at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders. The documentation provided included urine drug screens dated December 3, 2014, and March 30, 2015, consistent with medications prescribed. The documentation provided identified that the injured worker was prescribed Norco; however there was no indication of high risk behaviors by the injured worker that would indicate the need for frequent urine drug screens. Therefore, based on the guidelines, the documentation did not support the medical necessity of the request for a urine toxicology screening, quantity: 1, per July 13, 2015 order.

Norco 5/325mg, quantity: 120, per 7/13/15 order: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

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

Decision rationale: According to the CA MTUS and ODG, Norco 5/325mg (Hydrocodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. In addition, the MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. In this case, the injured worker was noted to have been prescribed Norco since at least November 2014. The documentation provided did not include documentation of objective, measurable improvement in the injured worker's pain, function, ability to perform specific activities of daily living (ADLs), work status, or dependency on medical care with the use of the Norco. The documentation provided did not include documentation of a pain assessment that included the injured worker's least reported pain over the period since last assessment, average pain, and the intensity of pain after taking the Norco, how long it takes for pain relief, or how long the pain relief lasts. Medical necessity of the requested medication was not established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication was not medically necessary.