

Case Number:	CM15-0186373		
Date Assigned:	09/28/2015	Date of Injury:	04/16/1997
Decision Date:	11/25/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/22/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 68 year old male who sustained an industrial injury on 4-16-1997. A review of medical records indicates the injured worker is being treated for chronic pain, cervical facet arthrosis, cervical discogenic disease, chronic cervical spine sprain strain, and bilateral cervical radiculopathy C6, C7, left greater than right arm. Medical records dated 7-23-2015 noted chronic cervical spine pain. He rates his pain a 7-8-out of 10 without medications and 4 out of 10 with medications. Pain was unchanged since the prior visit. He is able to do his daily light cleaning. Physical examination of the cervical spine revealed spasm, painful and decreased range of motion. There was pain with axial compression noted. There was tenderness over the facet joints with 50% less motion in the neck. X-rays of the cervical spine showed DISH syndrome with 1 cm bone mass anterior to C3-4 to C6-7 and multilevel facet disease. Treatment has included a home exercise program, Norco, and Ultram since at least 4-16-2015. RFA dated 7-23- 2015 requested Ultram 50mg #90 and cervical facet block C5-6-C6-7 x 1. Utilization review form dated 9-14-2015 noncertified cervical facet block at C5-C6, cervical facet block at C6-C7, and cortisone injection to the neck, and modified Ultram 50mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg quantity 270: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, specific drug list.

Decision rationale: Tramadol is a centrally acting opioid agonist and also inhibits the reuptake of serotonin and norepinephrine. On July 2, 2014, the DEA published in the Federal Register the final rule placing tramadol into schedule IV of the Controlled Substances Act. This rule will become effective on August 18, 2014. The CPMTG specifies that this is a second line agent for neuropathic pain. Given its opioid agonist activity, it is subject to the opioid criteria specified on pages 76-80 of the CPMTG. With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the requesting provider did not adequately document monitoring of the four domains. Improvement in function was not clearly outlined. This can include a reduction in work restrictions or significant gain in some aspect of the patient's activities. Furthermore, there was no discussion regarding possible aberrant drug-related behavior. There was no documentation of a signed opioid agreement, no indication that a periodic urine drug screen (UDS) was completed, and no recent CURES report was provided to confirm that the injured worker is only getting opioids from one practitioner. Based on the lack of documentation, medical necessity of this request cannot be established at this time. Although tramadol is not medically necessary at this time, it should not be abruptly halted, and the requesting provider should start a weaning schedule as he or she sees fit or supply the requisite monitoring documentation to continue this medication.

Cervical Facet Block C5-C6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute, Treatment in Workers' Compensation, Low Back, Facet Joint Medial Branch Blocks.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter, Facet joint blocks (diagnostic & therapeutic).

Decision rationale: With regard to the request for cervical facet therapeutic intra-articular injection, both the ACOEM and ODG specifically recommend against cervical facet injections. However, the ODG Neck Chapter does state the following: "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. 4. If prolonged evidence of effectiveness is obtained after at least one therapeutic block, there should be consideration of performing a radiofrequency neurotomy. 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." Within the submitted documentation, there is evidence of a chronic neck pain. However, criteria 1 are not met, as there is clear evidence of radicular pain. This is documented in a progress noted dated April 16, 2015. Given that this request does not meet guideline criteria, this request is not medically necessary.

Cervical Facet Block C6-C7: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute, Treatment in Workers' Compensation, Low Back, Facet Joint Medial Branch Blocks.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter, Facet joint blocks (diagnostic & therapeutic).

Decision rationale: With regard to the request for cervical facet therapeutic intra-articular injection, both the ACOEM and ODG specifically recommend against cervical facet injections. However, the ODG Neck Chapter does state the following: "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. 4. If prolonged evidence of effectiveness is obtained after at least one therapeutic block, there should be consideration of performing a radiofrequency neurotomy. 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." Within the submitted documentation, there is evidence of a chronic neck pain. However, criteria 1 are not met, as there is clear evidence of radicular pain. This is documented in a progress noted dated April 16, 2015. Given that this request does not meet guideline criteria, this request is not medically necessary.

Cortisone injection neck: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care.

Decision rationale: In the case of this request, there are not specific as to whether this is truly a separate request from the cervical facet injection request that was addressed above. In general, for cortisone injections, the ACOEM Practice Guidelines Chapter 9 on page 174 states the following regarding cervical spine injections: "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. However, many pain physicians believe that diagnostic and/or therapeutic injections may help patients presenting in the transitional phase between acute and chronic pain." In the case of this injured worker, the date of injury is remote and the patient does appear to be beyond the transitional phase between acute and chronic pain. It should be further noted that the recommendations of the ACOEM supersede that of the ODG given that the Chapter 9 of ACOEM has been adopted as part of the MTUS. Given this recommendation against invasive techniques and the chronicity of this injury, this request is not medically necessary.