

Case Number:	CM15-0193555		
Date Assigned:	10/07/2015	Date of Injury:	09/13/2013
Decision Date:	12/14/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/01/2015

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: Washington, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 72 year old female who sustained an industrial injury on 9-13-2013. A review of the medical records indicated that the injured worker is undergoing treatment for chronic neck pain with radiation into bilateral upper extremities and with associated numbness and tingling, low back pain and chronic right knee pain. Comorbid conditions include diabetes. Medical records (4-17-2015 to 9-11-2015) indicated ongoing pain in the neck, back, shoulders and right knee. Cervical magnetic resonance imaging (MRI) from 7-8-2015 showed C3-C4 central disc protrusion 6mm, C5-C6 and C6-C7 mild central canal stenosis, C5-C6 moderate bilateral neuroforaminal stenosis and C4-C5 left facet degenerative changes with moderate neuroforaminal stenosis. Electromyographic studies (EMG/NCV) of upper extremities on 7-21- 2015 showed evidence of mild carpal tunnel syndrome but no evidence of cervical radiculopathy. Treatment has included right knee surgery, physical therapy, home exercise program, and medications (Ultracet since at least 4-17-2015). Urine drug testing done on 6-12-2015 was negative for Tramadol; the injured worker reported only using it as needed. She also reported that pain medication brought her pain down from 9 out of 10 to 6 out of 10 and can cause some drowsiness. Per the treating physician progress note on 9-11-2015, the injured worker reported that the worst pain was in her neck and she was limited to sedentary work. She was not currently working. The physical exam revealed palpatory tenderness with exquisite tenderness at the base of the head in the upper cervical paraspinal muscles over the upper facet joints. The left side was much more tender than the right. She had diminished range of motion with pain on lateral rotation and extension. Spurling's signs are negative. The original Utilization Review (UR) (9-24-2015) modified a request for Ultracet from quantity 180 to quantity 60. UR denied a request for left C2, C3 and C4 medial branch blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5/325mg #180: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Tramadol/Acetaminophen.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction,.

Decision rationale: Tramadol/APAP (Ultracet, Ultracet ER) is a combination medication made up of the opioid, tramadol, and acetaminophen, better known as tylenol. Acetaminophen is considered the safest medication for use to treat chronic pain. However it should be used cautiously in combination preparations in order to prevent liver damage. Maximum dose according to the MTUS is limited to 4 gm of acetaminophen per day. Tramadol has mu-receptor opioid agonist activity and is used to treat moderate to severe pain. Tramadol/APAP ER is an extended release formulation of this medication. Appropriate dosing should not exceed 400 mg/day but only 300 mg/day for the ER formulation and it should be used with caution in any patient taking Selective Serotonin Reuptake Inhibitors (SSRI) as together they may cause a potentially fatal condition known as Serotonin Syndrome. There are no studies showing effective use of this medication for chronic pain that lasts greater than 3 months. However, the MTUS describes use of narcotics for control of chronic radicular and nociceptive pain. For nociceptive pain it is considered standard of care, for radicular pain it is recommended as a second-line medication after use or failure of first-line therapies such as antidepressants or antiepileptic drugs (AEDs). Success of this therapy is noted when there is significant improvement in pain or function. The risk with this therapy is the development of addiction, overdose and death. The MTUS has specific recommendations for following patients on chronic opioid therapy to prevent such morbidity and mortality from occurring. This patient has nociceptive pain and her medical records have shown use of tramadol with good effect on an intermittent basis. In fact, the medical records document a 60 tablet prescription lasting over two months. The provider is monitoring for abuse and has documented improved pain control with this medication without significant side effects. It is reasonable to continue use of this medication. The medical record for the most recent request of this medication noted a prescription for only 60 tablets of Ultracet with two refills. The DEA does not allow refills so providing all 180 tablets would meet the provider's intent. As the patient only uses the medication as needed and not on a daily basis and as the patient's prior medication behaviors do not show medication abuse or misuse it is reasonable to dispense this larger amount of medication. Medical necessity has been established. The request is medically necessary.

Left C2 dorsal medial branch block: Overturned

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): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic)/Facet joint diagnostic blocks and Other Medical Treatment Guidelines American Society of Interventional Pain Physicians: Comprehensive evidence-based guidelines for interventional techniques in chronic spinal pain. Part II: guidance and recommendations.

Decision rationale: A medial branch block is an injection of steroids and/or anesthetics on the medial branch nerves that supply the facet joints. According to ACOEM, facet blocks and diagnostic blocks are not recommended for cervical complaints and there is not enough evidence to recommend or not recommend the blocks for lumbar complaints. The American Society of Interventional Pain Physicians guidelines note good evidence for diagnostic cervical facet joint blocks and recommend its use for diagnostic purposes. However, the guideline notes only fair evidence for therapeutic cervical medial branch blocks and thus only recommends its use therapeutically if a diagnostic block confirms a facet joint etiology of the chronic neck pain. The Official Disability Guidelines (ODG) recommends its use only for diagnosis and lists specific criteria for performing this procedure. This patient meets the ODG criteria. Conservative care has not improved her symptoms and recent electromyographic studies confirm the absence of a cervical radiculopathy. Considering all the available information diagnostic cervical medial branch block should be an option in therapy for this patient. Medical necessity has been established. The request is medically necessary.

Left C3 dorsal medial branch blocks: Overturned

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): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic)/Facet joint diagnostic blocks and Other Medical Treatment Guidelines American Society of Interventional Pain Physicians: Comprehensive evidence-based guidelines for interventional techniques in chronic spinal pain. Part II: guidance and recommendations.

Decision rationale: A medial branch block is an injection of steroids and/or anesthetics on the medial branch nerves that supply the facet joints. According to ACOEM, facet blocks and diagnostic blocks are not recommended for cervical complaints and there is not enough evidence to recommend or not recommend the blocks for lumbar complaints. The American Society of

Interventional Pain Physicians guidelines note good evidence for diagnostic cervical facet joint blocks and recommend its use for diagnostic purposes. However, the guideline notes only fair evidence for therapeutic cervical medial branch blocks and thus only recommends its use therapeutically if a diagnostic block confirms a facet joint etiology of the chronic neck pain. The Official Disability Guidelines (ODG) recommends its use only for diagnosis and lists specific criteria for performing this procedure. This patient meets the ODG criteria. Conservative care has not improved her symptoms and recent electromyographic studies confirm the absence of a cervical radiculopathy. Considering all the available information diagnostic cervical medial branch block should be an option in therapy for this patient. Medical necessity has been established. The request is medically necessary.

Left C4 dorsal medial branch blocks: Overturned

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): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic)/Facet joint diagnostic blocks and Other Medical Treatment Guidelines American Society of Interventional Pain Physicians: Comprehensive evidence-based guidelines for interventional techniques in chronic spinal pain. Part II: guidance and recommendations.

Decision rationale: A medial branch block is an injection of steroids and/or anesthetics on the medial branch nerves that supply the facet joints. According to ACOEM, facet blocks and diagnostic blocks are not recommended for cervical complaints and there is not enough evidence to recommend or not recommend the blocks for lumbar complaints. The American Society of Interventional Pain Physicians guidelines note good evidence for diagnostic cervical facet joint blocks and recommend its use for diagnostic purposes. However, the guideline notes only fair evidence for therapeutic cervical medial branch blocks and thus only recommends its use therapeutically if a diagnostic block confirms a facet joint etiology of the chronic neck pain. The Official Disability Guidelines (ODG) recommends its use only for diagnosis and lists specific criteria for performing this procedure. This patient meets the ODG criteria. Conservative care has not improved her symptoms and recent electromyographic studies confirm the absence of a cervical radiculopathy. Considering all the available information diagnostic cervical medial branch block should be an option in therapy for this patient. Medical necessity has been established. The request is medically necessary.