

Case Number:	CM15-0032366		
Date Assigned:	02/25/2015	Date of Injury:	07/31/2001
Decision Date:	04/08/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/20/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 51 year old female who sustained a work related injury on July 31, 2001, incurring neck and arm injuries. She was diagnosed with left cervical facet dysfunction and bilateral thoracic outlet syndrome. Treatment included pain medications, Radiofrequency Ablation, branch blocks, home exercise program, and therapy. Currently, the injured worker complained of continuous left sided neck pain with radiation into the shoulder with decreased range of motion. On March 3, 2015, a request for a left cervical medial branch block with fluoroscopy; one prescription of Opana ER 20 mg, #60; Zolpidem 10mg, #30; and one prescription of Norco 10/325mg, #60, was non-certified by Utilization Review, noting the American College of Occupational and Environmental Medicine 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:

One cervical medial branch block at C3-C4, C4-C5 and C5-C6 with fluoroscopic guidance:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Facet joint injections, Medial branch blocks.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, C3 - C4, C4 - C5, C5 - C6 medial branch block with fluoroscopy is not medically necessary. The ACOEM does not recommend facet injections of steroids or diagnostic blocks. (Table 8-8) Invasive techniques (local injections and facet joint injections of cortisone lidocaine) are of questionable merit. The criteria for use of diagnostic blocks for facet mediated pain include, but are not limited to, patients with cervical pain that is non-radicular and that no more than two levels bilaterally; documentation of failure of conservative treatment (home exercises, PT, non-steroidal anti-inflammatory drugs) prior to procedure at least 4 to 6 weeks; no more than two facets joint levels are injected in one session; etc. In this case, the injured worker's working diagnoses are left sided cervical facet pain involving C3 - C4, C4 - C5, and C5 - C6; status post multiple radio frequency procedures dated May 20, 2011, March 19, 2013, and February 24, 2014, each of which has provided approximately 11 months of relief, decreased pain medication use and return to normal function; and thoracic outlet syndrome. The guidelines recommend no more than two facet joint levels be injected in one session. The treating physician is requesting three levels for injection: C3 - C4, C4 - C5, and C5 - C6. Consequently, absent compelling clinical documentation with guideline recommendations of no more than two facet joint levels to be injected in one session, C3-C4, C4 - C5, C5 - C6 medial branch block with fluoroscopy is not medically necessary.

Opana ER 20 mg, sixty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Opana ER 20 mg #60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are left sided cervical facet pain involving C3 - C4, C4 - C5, and C5 - C6; status post multiple radiofrequency procedures dated May 20, 2011, March 19, 2013, and February 24, 2014, each of which has provided approximately 11 months of relief, decreased pain medication use and return to normal function; and thoracic outlet syndrome. The documentation reflects Opana was weaned (according to the utilization review) and the last dose was prescribed on June 5 of 2014. There was no objective functional improvement with regards Opana. There was no clinical

indication or rationale for restarting Opana in the documentation. Consequently, absent clinical documentation with an indication for restarting Opana after weaning and discontinuation, Opana ER 20 mg #60 is not medically necessary.

Zolpidem 10 mg, thirty count: 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), Pain (Chronic) Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Ambien.

Decision rationale: Pursuant to the Official Disability Guidelines, Ambien 10 mg #30 is not medically necessary. Ambien (zolpidem) is a short acting non-benzodiazepine hypnotic recommended for short-term (7-10 days) treatment of insomnia. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely recommend them for long-term use. They can be habit forming and may impair function and memory more than opiates. The dose for Ambien and women should be lowered from 10 mg to 5 mg for immediate release products and from 12.5 mg to 6.25 mg for extended-release products (Ambien CR). In this case, the injured worker's working diagnoses are left sided cervical facet pain involving C3 - C4, C4 - C5, and C5 - C6; status post multiple radiofrequency procedures dated May 20, 2011, March 19, 2013, and February 24, 2014, each of which has provided approximately 11 months of relief, decreased pain medication use and return to normal function; and thoracic outlet syndrome. Ambien was prescribed as far back as November 2012. Ambien is recommended for short-term (7 to 10 days) treatment of insomnia. The record states Ambien helps the injured worker's sleep cycle, but does not specifically discuss insomnia. The treating physician clearly exceeded the recommended guidelines for short-term (7 to 10 days) treatment of insomnia by continuing Ambien in excess of two years. Consequently, absent compelling clinical documentation with objective functional improvement in excess of the recommended guidelines (over two years), zolpedem (Ambien) 10 mg #30 is not medically necessary.

Norco 10/325 mg, sixty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg #60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional

status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are left sided cervical facet pain involving C3 - C4, C4 - C5, and C5 - C6; status post multiple radiofrequency procedures dated May 20, 2011, March 19, 2013, and February 24, 2014, each of which has provided approximately 11 months of relief, decreased pain medication use and return to normal function; and thoracic outlet syndrome. The documentation shows Norco was started as far back as June 18, 2012. In a progress note dated September 16, 2014, Norco was discontinued status post radiofrequency ablation February 24, 2014. The injured worker was not having any more pain or discomfort. There is no documentation in the medical record indicating recurrent pain requiring an opiate analgesic. Consequently, absent clinical documentation with a clinical indication for restarting Norco in the absence of subjective pain complaints, Norco 10/325 mg #60 is not medically necessary.