

Case Number:	CM15-0033953		
Date Assigned:	02/27/2015	Date of Injury:	09/28/2012
Decision Date:	04/13/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/23/2015

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

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 49 year old female, who sustained a work/ industrial injury on 9/28/12. She has reported symptoms of constant neck pain. The diagnoses have included cervicalgia, facet arthropathy and cervical spine stenosis. Treatments to date included medication, orthopedic evaluation, physical therapy, and injections. Diagnostics included an electromyogram on 1/31/13 of the left upper extremity revealing a very mild left distal median neuropathy or a carpal tunnel syndrome affecting the left medial palmer nerve at the wrist with no evidence of any other entrapment neuropathy, no evidence to suggest a cervical radiculopathy or brachial plexopathy. A Magnetic Resonance Imaging (MRI) of the cervical spine reveals significant C5-6 and C6-7 degenerative disease, At C6-7, a broad based protrusion causes mild to moderate central canal spinal stenosis and bilateral neural foraminal stenosis, no cord edema, no Chiari malformation, and no prevertebral edema. Medications included Nucynta and Hydrocodone. The treating physician's report (PR-2) from 1/7/15 indicated there was pain in trigger points with a lot of tenderness of pectoralis muscle, left breast and left scapular area. The IW had diffuse weakness and tenderness over facet joints, range of motion in extension was reduced. A request was made for Oxycodone for better pain control if tolerated and for a cervical medial branch block on the left side. On 1/29/15, Utilization Review non-certified Oxycodone 5 mg, 120 count; Cervical Medial Branch Block at C3 - C7, noting the California Medical treatment Utilization Schedule (MTUS) Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 5 mg, 120 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Hydrocodone Page(s): 76-78, 88-89, 90.

Decision rationale: The 50 year old patient presents with constant pain in the occipital region, neck, chest, scapulae and down the left arm, rated at 5/10, as per progress report dated 01/07/15. The request is for OXYCODONE 5 mg, 120 COUNT. The RFA for this case is dated 01/19/15, and the patient's date of injury is 09/28/12. Diagnoses, as per progress report dated 01/07/15, included cervical pain/cervicalgia, facet arthropathy, and cervical spinal stenosis. The patient is relying on Oxycodone for pain relief. The patient is off work, as per the same progress report. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, the first prescription for Oxycodone is noted in progress report dated 01/07/15. The treater states that "We will try Oxycodone 5 mg tablets to see if she can tolerate that. If not we will probably try Tramadol. She did not tolerate Hydrocodone well and Nucynta made her have irregularities in her periods." While the treater discusses the side effects of opioid use in the past, there is no documentation of reduction in pain in terms of change in pain scale nor does the treater use a validated scale to demonstrate an increase function due to opioid use. No UDS or CURES reports are available for review. MTUS guidelines require a clear discussion regarding the 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued opioid use. Hence, this request IS NOT medically necessary.

Cervical Medical Branch Block at C3 - C7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 8 Neck and Upper Back Complaints Page(s): 48 and 174 - 181, respectively.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Neck and Upper Back (Acute & Chronic) Chapter Medial branch blocks.

Decision rationale: The 50 year old patient presents with constant pain in the occipital region, neck, chest, scapulae and down the left arm, rated at 5/10, as per progress report dated 01/07/15. The request is for CERVICAL BRANCH BLOCK AT C3-C7. The RFA for this case is dated

01/19/15, and the patient's date of injury is 09/28/12. Diagnoses, as per progress report dated 01/07/15, cervical pain/cervicalgia, facet arthropathy, and cervical spinal stenosis. The patient is relying on Oxycodone for pain relief. The patient is off work, as per the same progress report. ODG-TWC, Neck and Upper Back (Acute & Chronic) Chapter states: "Medial branch blocks: This procedure is generally considered a diagnostic block. 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." In this case, the request for a medial branch block is noted in progress report dated 01/07/15. The treater states "I would like to try medial branch blocks on the left side of the cervical spine. If they are helpful, percutaneous rhizotomy which could result in some pain relief up to 18 months." In the same progress report the treater states that "Electrodiagnostic studies were performed but they showed no radiculopathy." However, MRI revealed mild to moderate central canal stenosis and neural foraminal stenosis, as per the same report. There is no discussion regarding prior facet joint injections. Additionally, guidelines state that "no more than 2 levels may be blocked at any one time." The treater's request for blocks at C3-7 is not consistent with this recommendation. Hence, the request IS NOT medically necessary.