

<b>Case Number:</b>	CM15-0035407		
<b>Date Assigned:</b>	03/03/2015	<b>Date of Injury:</b>	10/18/2009
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2015

### 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: 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 38 year old female, who sustained an industrial injury on 10/18/2009. The current diagnoses are status post anterior cervical discectomy and fusion, C5-6 pseudarthrosis, left C6 and C7 radiculopathy, and C6-7 moderate left foraminal stenosis. Currently, the injured worker complains of worsening right-sided neck pain with radiating numbness down the left upper extremity. The pain is rated 7-8/10 on a subjective pain scale. Current medications are Zanaflex and Voltaren. The physical examination of the cervical spine reveals decreased sensation over the left C5, C6, C7, and C8 dermatome distribution. Range of motion is limited. Facet loading is positive. Treatment to date has included medications, home exercise program, and surgery. The treating physician is requesting pain management consultation, diagnostic facet block C7-T1 on the left, Voltaren gel 1% 1 gram, and random urine toxicology screening to verify medication compliance, which is now under review. On 2/9/2015, Utilization Review had non-certified a request for pain management consultation, diagnostic facet block C7-T1 on the left, Voltaren gel 1% 1 gram, and random urine toxicology screening to verify medication compliance. The California MTUS Chronic Pain, ACOEM, and Official Disability Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain management consultation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): Chapter 7, Independent Medical Examinations and Consultations, Page 132.

**Decision rationale:** According to the MTUS, a referral request should specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, workability, clinical management, and treatment options. The medical record lacks sufficient documentation and does not support a referral request. Pain management consultation is not medically necessary.

**Diagnostic facet block C7-T1 on the left:** 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) Treatment Index 9th Edition (web) 2011.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck and Upper Back (Acute & Chronic), Facet joint therapeutic steroid injections.

**Decision rationale:** The Official Disability Guidelines state that facet joint therapeutic steroid injections are not recommended. A medial branch block is generally considered a diagnostic block and has been used occasionally with patients who may undergo a surgical procedure. The ODG states clearly that the use of therapeutic intra-articular and median branch blocks is not recommended, but if used anyway, several criteria need to be met and the clinical presentation should be consistent with facet joint pain, signs, and symptoms. The medical record fails to document the criteria necessary for consideration of a diagnostic or therapeutic block. Diagnostic facet block C7-T1 on the left is not medically necessary.

**Voltaren gel 1% apply 1 gram t.i.d. p.r.n.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 112.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Voltaren® Gel (diclofenac).

**Decision rationale:** According to the Official Disability Guidelines, Voltaren gel is not recommended as a first as a first-line treatment, and is recommended only for osteoarthritis after failure of oral NSAIDs, or contraindications to oral NSAIDs, or for patients who cannot swallow solid oral dosage forms, and after considering the increased risk profile with diclofenac,

including topical formulations. Documentation in the medical record does not meet guideline criteria. Voltaren gel 1% apply 1 gram t.i.d. p.r.n is not medically necessary.

**Random urine toxicology screening to verify medication compliance:** 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) Treatment Index 9th Edition (web) 2011.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 43.

**Decision rationale:** The MTUS recommends using a urine drug screen to assess for the use or the presence of illegal drugs, a step to take before a therapeutic trial of opioids, to aid in the ongoing management of opioids, or to detect dependence and addiction. There is no documentation in the medical record that a urine drug screen was to be used for any of the above indications. Screening is recommended at baseline, randomly at least twice and up to 4 times a year and at termination. Urine drug screen is not medically necessary.