

Case Number:	CM15-0044028		
Date Assigned:	03/13/2015	Date of Injury:	05/10/2012
Decision Date:	04/23/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	03/09/2015

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 66 year old female, who sustained an industrial injury on 5/10/12. She reported a neck injury. The injured worker was diagnosed as having chronic neck pain, cervical disc disease, facet joint generated pain and myofascial pain. Treatment to date has included home exercise program, oral medications including Norco and topical medications. Currently, the injured worker complains of chronic neck pain and right trapezius and right upper chest pain. Pain is fairly well controlled with current medications and home exercise program. Physical exam revealed slightly to moderately range of motion of cervical spine and increased spasm and tenderness at the base of the neck on both sides and in the right trapezius and right pectoral muscles. The current treatment plan included continuation of home exercise program, Norco and Voltaren gel with the addition of Salonpas patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial branch block bilateral at C4-C5 , right side C5-C6, C6-C7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309. Decision based on Non-MTUS Citation ODG- Lumbar spine: Criteria for the use of diagnostic medial branch blocks for facet 'mediated' pain.

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 Chapter, under Facet joint diagnostic blocks.

Decision rationale: The patient presents with pain in the neck, trapezius area and the upper back, rated 4-5/10. The request is for MEDIAL BRANCH BLOCK BILATERAL AT C4-C5, RIGHT SIDE C5-C6, C6-C7. Physical examination to the cervical spine on 11/20/14 revealed tenderness to palpation to the base of the neck and bilateral trapezius muscles. Range of motion was decreased in all planes. Facet loading maneuvers were positive. Patient has had physical therapy, acupuncture, and chiropractic treatments. Per 10/22/14 progress report, patient's diagnosis include chronic myofascial pain in the neck, shoulders, trapezii and chest, and facet arthropathy in cervical spine. Patient's medications, per 11/20/14 progress report include Voltaren Gel, Norco, Cymbalta, Estrogen and Hydrochlorothiazide. Patient's work status is not specified. ODG-TWC, Neck and Upper Back Chapter, under Facet joint diagnostic blocks states: "Recommended prior to facet neurotomy -a procedure that is considered under study. Diagnostic blocks are performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Current research indicates that a minimum of one diagnostic block be performed prior to a neurotomy, and that this be a medial branch block - MBB. Criteria for the use of diagnostic blocks for facet nerve pain: Clinical presentation should be consistent with facet joint pain, signs & symptoms. 1. One set of diagnostic medial branch blocks is required with a response of 70%. The pain response should be approximately 2 hours for Lidocaine. 2. Limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally. 3. There is documentation of failure of conservative treatment -including home exercise, PT and NSAIDs- prior to the procedure for at least 4-6 weeks. 4. No more than 2 joint levels are injected in one session. In this case, there are no records indicating that the patient had prior Medial Branch Block injections at the levels requested. There is no evidence that this patient is anticipating surgical intervention. ODG guidelines limit blocks for patients with non-radicular cervical pain, and requires documentation of failure of conservative treatment. The patient has non-radicular neck pain and has had physical therapy, acupuncture, and chiropractic treatments with limited improvements. Furthermore, the patient has undergone NSAID and opiate medication therapy with minimal benefits. However, the request is for medial branch blocks at three levels: C4-5 bilaterally and C5-6 and C6-7 on the right side. ODG Guidelines support injections up to two levels in one session. The request exceeds guideline recommendations and therefore, it IS NOT medically necessary.

Voltaren gel 1%, 60grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 117-119.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Medications for chronic pain Page(s): 111-113, 60.

Decision rationale: The patient presents with pain in the neck, trapezius area and the upper back, rated 4-5/10. The request is for VOLTAREN GEL 1% 60 GRAMS. Physical examination

to the cervical spine on 11/20/14 revealed tenderness to palpation to the base of the neck and bilateral trapezius muscles. Range of motion was decreased in all planes. Facet loading maneuvers were positive. Patient has had physical therapy, acupuncture, and chiropractic treatments Per 10/22/14 progress report, patient's diagnosis include chronic myofascial pain in the neck, shoulders, trapezii and chest, and facet arthropathy in cervical spine. Patient's medications, per 11/20/14 progress report include Voltaren Gel, Norco, Cymbalta, Estrogen and Hydrochlorothiazide. Patient's work status is not specified. The MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Non-steroidal antiinflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period." The treater does not discuss this request. Patient has received prescriptions for Voltaren Gel from 06/18/14 and 11/20/14. However, the patient does not present with peripheral joint arthritis/tendinitis, for which an NSAID topical would be indicated. NSAID gel is not indicated for neck and back conditions. Furthermore, MTUS page 60 require recording of pain and function when medications are used for chronic pain. This request does not meet MTUS indications, therefore Voltaren gel IS NOT medically necessary.

Norco 5/325mg, #60: Upheld

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

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

Decision rationale: The patient presents with pain in the neck, trapezius area and the upper back, rated 4-5/10. The request is for NORCO 5/325 MG # 60. Physical examination to the cervical spine on 11/20/14 revealed tenderness to palpation to the base of the neck and bilateral trapezius muscles. Range of motion was decreased in all planes. Facet loading maneuvers were positive. Patient has had physical therapy, acupuncture, and chiropractic treatments Per 10/22/14 progress report, patient's diagnosis include chronic myofascial pain in the neck, shoulders, trapezii and chest, and facet arthropathy in cervical spine. Patient's medications, per 11/20/14 progress report include Voltaren Gel, Norco, Cymbalta, Estrogen and Hydrochlorothiazide. Patient's work status is not specified. 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. The treater does not discuss this request. Patient has received prescriptions for Norco from 06/18/14 and 11/20/14. UR letter dated 02/04/15 had modified the request from #60 to # 45 Norco tablets. In progress report dated 11/20/14, it is stated that the patient requires the use of Norco although its benefits are limited. In this case, treater has not discussed examples of specific ADL's nor provided functional measures demonstrating significant improvement due to Norco. There are

no numerical scales or validated instruments to address analgesia. There are no discussions regarding aberrant behavior. No UDS, opioid pain contract, or CURES reports, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.