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| <b>Case Number:</b>   | CM15-0051286 |                              |            |
| <b>Date Assigned:</b> | 03/24/2015   | <b>Date of Injury:</b>       | 07/24/2013 |
| <b>Decision Date:</b> | 05/01/2015   | <b>UR Denial Date:</b>       | 02/19/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/18/2015 |

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 45-year-old male, who sustained an industrial injury on 7/24/13. The injured worker has complaints of neck pain and headache. He had tenderness and spasms noted in the cervical paraspinal muscle, stiffness noted with motion of the spine, also tenderness to facet joints bilaterally. The diagnoses have included neck pain; possibility of cervical radiculopathy; left knee pain and myofascial pain. Treatment to date has included Magnetic Resonance Imaging (MRI) of the left knee on 1/23/14 impression showed normal resonance imaging of the left knee, no fracture, bone contusion, no evidence of meniscal or ligamentous injury; thoracic spine X-ray on 7/24/13 showed normal thoracic spine; Computed Tomography (CT) scan of the cervical spine on 7/24/13 was normal; electromyogram/nerve conduction study dated 10/31/13 was done and medications. The requested treatment is for Flexeril for spasms and pain; bilateral cervical medial branch blocks C4-5 C5-6 to help decrease his pain and headaches and Toradol injections up to 6 injections for flare ups of pain and headaches to help him, not escalate his medication use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg #30 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63.

**Decision rationale:** According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril for several months in combination with Norco without improvement in pain or function. Continued and chronic use of Flexeril with 3 months refills is not indicated and is not medically necessary.

### **Bilateral cervical medial branch blocks C4-5 C5-6: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 174, 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- neck pain and pg 36.

**Decision rationale:** According to the guidelines, 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 (see above for medial branch block levels). 5. Recommended volume of no more than 0.5 cc of injectate is given to each joint, with recent literature suggesting a volume of 0.25 cc to improve diagnostic accuracy. 6. No pain medication from home should be taken for at least 4 hours prior to the diagnostic block and for 4 to 6 hours afterward. 7. Opioids should not be given as a sedative during the procedure. 8. The use of IV sedation may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety. 9. The patient should document pain relief with an instrument such as a VAS scale, emphasizing the importance of recording the maximum pain relief and maximum duration of pain. The patient should also keep medication use and activity logs to support subjective reports of better pain control. 10. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated. 11. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. 12. It is currently not recommended to perform facet blocks on the same day of treatment as epidural steroid injections or stellate ganglion blocks or sympathetic blocks or trigger point injections as this may lead to improper diagnosis or unnecessary treatment. In this case, a prior MRI of the neck in 2013 showed disc protrusion at C3-C4. Exam findings of the cervical spine did not indicate radiculopathy. The claimant had persistent pain despite the use of anti-epileptics and opioids. There was a plan for a facet neurotomy. The request for the MBB of the cervical spine is appropriate and medically necessary.

**Toradol injections up to 6 injections:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS and Toradol Page(s): 72.

**Decision rationale:** According to the guidelines, Toradol is not indicated for chronic painful conditions. It is an NSAID and is considered 2nd line treatment for chronic neck pain. In this case, the claimant was already on oral NSAIDs and opioids. The claimant was to receive MBB. There is no indication for Toradol injections for chronic back pain and is not medically necessary.