MAXIMUS Federal Services

| Case Number: | CM15-0090511 | | |
|---|---|---|---|
| Date Assigned: | 05/14/2015 | Date of Injury: | 04/28/1998 |
| Decision Date: | 12/14/2015 | UR Denial Date: | 04/27/2015 |
| Priority: | Standard | Application Received: | 05/11/2015 |

## 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: 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:

This is a 62-year-old female with a date of industrial injury 4-28-1998. The medical records indicated the injured worker (IW) was treated for degenerative cervical disc disease with cervical radiculopathy, C5-6 and C6-7. In the progress notes (4-2-15), the IW reported neck pain and left shoulder and arm pain; her pain prevented her from getting comfortable for sleep. Medications included Omeprazole (since at least 1-2015), Diclofenac (since 2-2015), Vimovo, Naprosyn and Restoril. The most recent notes (4-14-15) stated the IW had increased neck pain and back pain, rated 10 out of 10 without medications and 9 out of 10 with them. The medications were reportedly allowing her to remain functional without side effects. On examination (4-14-15 notes), there was tenderness and spasms in the bilateral cervical and lumbar paraspinal muscles and decreased strength in the left upper extremity. Reflexes were normal bilaterally. Sensation was decreased in the bilateral C6 and C7 dermatomes. Sitting straight leg raise was positive bilaterally. There was mild tenderness in the bilateral shoulders and trigger points were described in the left shoulder. Treatments included NSAIDs, physical therapy, which did not help and injections, which made the pain worse. MRI of the cervical spine on 2-16-12 showed degenerative changes and hypertrophic changes, greatest at C5-6 and C6-7, greater on the right; essentially unchanged since the previous exam. The IW was not working. The most recent progress notes did not include subjective or objective findings of psychological issues. A Request for Authorization was received for a bilateral C5-6 medial branch block, consultation with a psychologist (lumbar, once a week for 12 weeks), Diclofenac sodium 75mg #60 with 3 refills, Omeprazole 20mg #60 with 3 refills. The Utilization Review on 4-27-15 non-certified the

request for a bilateral C5-6 medial branch block, consultation with a psychologist (lumbar, once a week for 12 weeks) and Diclofenac sodium 75mg #60 with 3 refills and modified the request for Omeprazole 20mg #60 with 3 refills.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral C5 6 medial branch block:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), ODG-TWC Pain Procedure Online Version; Neck & Upper Back Procedure Summary Online Version.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck and upper back complaints.

**Decision rationale:** This patient receives treatment for chronic pain syndrome involving the neck with L shoulder and arm pain. This goes back to an industrial injury dated 04/28/1998. On exam there was tenderness with muscle spasms on palpation of the neck region. There were no physical findings of absent reflexes, or motor and sensory deficits that support a radiculopathy. A cervical MRI showed only mild degenerative changes on 02/16/2012. The patient has received medications for pain, physical therapy, and injections. This review addresses a request for medial branch blocks injections. This patient has chronic pain syndrome since 1998. The clinical picture is not consistent with facet joint disease. The guidelines state that medial branch blocks may be clinically indicated to treat cases of facet joint disease, if there is documentation of failure to respond to 4-6 weeks of conservative therapy. Based on these guideline criteria and the absence of suitable clinical documentation, medical branch blocks are not medically necessary.

**Consultation with a psychologist (lumbar) (1x12):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cord stimulators).

**Decision rationale:** This patient receives treatment for chronic pain syndrome involving the neck with L shoulder and arm pain. This goes back to an industrial injury dated 04/28/1998. On exam there was tenderness with muscle spasms on palpation of the neck region. There were no physical findings of absent reflexes, or motor and sensory deficits that support a radiculopathy. A cervical MRI showed only mild degenerative changes on 02/16/2012. The patient has received medications for pain, physical therapy, and injections. This review addresses a request for consultation by a psychologist. The documentation does not make clear what the reason for the referral to a psychologist is or what the goal of the consultation will be. The guidelines do point out that for patients with chronic pain addressing the patient's background and personal response

to pain may shed insight to how to help the patient cope better. There are psychologic testing measures that profile both the emotional state and reactions to the stresses of chronic pain that may yield useful insights for treatment strategies. Cognitive Behavioral Therapy (CBT) is a treatment approach utilized by psychologists that can be effective in helping patients to manage their pain and their response to their pain. The documentation does not clarify what interventions or goals are recommended by the referring clinician. Referral to a psychologist is not medically necessary given the documentation.

**Diclofenac Sodium 75mg #60 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk, NSAIDs (non-steriodal anti-inflammatory drugs).

**Decision rationale:** This patient receives treatment for chronic pain syndrome involving the neck with L shoulder and arm pain. This goes back to an industrial injury dated 04/28/1998. On exam there was tenderness with muscle spasms on palpation of the neck region. There were no physical findings of absent reflexes, or motor and sensory deficits that support a radiculopathy. A cervical MRI showed only mild degenerative changes on 02/16/2012. The patient has received medications for pain, physical therapy, and injections. This review addresses a request for refills of diclofenac. Diclofenac is an NSAID. NSAIDs are best suited for the treatment of acute exacerbations of low back pain in patients who have chronic back pain. Long term reliance on NSAIDs for back pain may result in complications, which include kidney injury, GI bleeding (both upper and lower GI bleeding), and cardiovascular complications (exacerbation of CHF). Laboratory monitoring is essential for prolonged use of NSAIDs in patients for whom NSAIDs are of proven values, for example, patients with osteoarthritis. No such monitoring is documented. Continuous use of NSAIDs is not medically necessary.

**Omeprazole 20mg #60 with 3 refills (1x4):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** This patient receives treatment for chronic pain syndrome involving the neck with L shoulder and arm pain. This goes back to an industrial injury dated 04/28/1998. On exam there was tenderness with muscle spasms on palpation of the neck region. There were no physical findings of absent reflexes, or motor and sensory deficits that support a radiculopathy. A cervical MRI showed only mild degenerative changes on 02/16/2012. The patient has received medications for pain, physical therapy, and injections. This review addresses a request for omeprazole. Omeprazole is a proton pump inhibitor (PPI), which may be medically indicated to

prevent the gastrointestinal harm that some patients experience when taking NSAIDS. These adverse effects include GI bleeding or perforation. Patients over age 65, patients with a history of peptic ulcer disease, and patients taking aspirin are also at high risk. The documentation does not mention these risk factors. Omeprazole is not medically necessary.