

Case Number:	CM14-0112797		
Date Assigned:	08/01/2014	Date of Injury:	09/25/1997
Decision Date:	09/29/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/19/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 62-year-old female who has submitted a claim for occipital neuralgia, cervicgia, degenerative disc disorder of the cervical spine, chronic pain syndrome, and left shoulder sprain/strain associated with an industrial injury date of 9/25/1997. Medical records from 2007 to 2014 were reviewed. Patient complained of neck pain, rated 7/10 in severity. The patient denied numbness or tingling sensation on the right upper extremity. She noted radiation of pain to the left elbow. She denied side effects from current treatment regimen. Intake of medications decreased pain severity by 50%, and improved her activity level. Physical examination of the cervical spine showed paraspinal tenderness, painful rotation to the right, tenderness at the facet joints from C2 to C3 through C4 to C5 bilaterally, painful rotation to the left at 20 degrees, and negative foraminal closure test bilaterally. Examination of the lumbar area showed muscle spasm, tenderness, painful range of motion, and sacroiliac joint tenderness. Motor strength and reflexes were intact. Urine drug screen from 6/6/2014 was consistent with prescribed medications, as stated. MRI of the cervical spine, dated 12/22/2009, demonstrated degenerative change at C5-C6 and C6-C7. Bony hypertrophic change at left C3, bilateral C5 foramina narrowing and minimal nerve root encroachment were noted. There was borderline spinal stenosis at C6-C7. Treatment to date has included cervical fusion, and left anterior cervical foraminotomy at C5-C6 and C6-C7, left C6 selective nerve block in 2007, cervical epidural steroid injection in 2010, intra-articular facet joint injections at bilateral C2 and C3 and C3 to C4 on 6/2/2014 (resulting to 50% symptom relief and noted improved activity level), physical therapy, and medications such as Norco, Celebrex, Paxil, and topical creams (since March 2014). Utilization review from 7/1/2014 denied the requests for Medial Nerve branch blocks to bilateral C2, Medial Nerve branch blocks to bilateral C3, and Medial Nerve branch blocks to bilateral C4 because patient presented with radicular pain, an exclusion criterion for medial

branch blocks; denied Lorcet 10/650, QTY: 120 because of no objective functional improvement from medications; modified the request for Celebrex 200 mg, QTY: 60 with 1 refill two Celebrex 200 mg, quantity 60 with zero refill because the amount requested was inappropriate; and modified the request for Paxil 40 mg, QTY: 30, with 1 refill into Paxil 40mg, #30 because the amount requested was inappropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial Nerve branch blocks to bilateral C2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Neck and Upper Back (Acute and Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter, Medial Branch Block.

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that medial branch blocks (MBB) are not recommended except as a diagnostic tool for patients with non-radicular neck pain limited to no more than two levels bilaterally. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. One set of diagnostic MBB is required with a response of >70% and no more than 2 joint levels are injected in one session, as recommended by ODG. In this case, patient complained of neck pain, rated 7/10 in severity, radiating to the left arm. Physical examination of the cervical spine showed paraspinal tenderness, painful rotation to the right, tenderness at the facet joints from C2 to C3 through C4 to C5 bilaterally, painful rotation to the left at 20 degrees, and negative foraminal closure test bilaterally. Patient underwent cervical fusion and left anterior cervical foraminotomy at C5-C6 and C6-C7 in 2007 and recently intra-articular facet joint injections at bilateral C2 and C3 and C3 to C4 on 6/2/2014. This has resulted to 50% symptom relief with noted improved activity level. However, patient did not meet guideline criteria for MBB due to radicular pain and absence of 70% symptom relief. Moreover, there are simultaneous requests for MBB at bilateral C3 and C4, and the guideline does not recommend more than two levels of nerve block. There is no discussion concerning need for variance from the guidelines. Therefore, the request for Medial Nerve branch blocks to bilateral C2 is not medically necessary.

Medial Nerve branch blocks to bilateral C3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Neck and Upper Back (Acute and Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter, Medial Branch Block.

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that medial branch blocks (MBB) are not recommended except as a diagnostic tool for patients with non-radicular neck pain limited to no more than two levels bilaterally. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. One set of diagnostic MBB is required with a response of >70%, and no more than 2 joint levels are injected in one session, as recommended by ODG. In this case, patient complained of neck pain, rated 7/10 in severity, radiating to the left arm. Physical examination of the cervical spine showed paraspinal tenderness, painful rotation to the right, tenderness at the facet joints from C2 to C3 through C4 to C5 bilaterally, painful rotation to the left at 20 degrees, and negative foraminal closure test bilaterally. Patient underwent cervical fusion and left anterior cervical foraminotomy at C5-C6 and C6-C7 in 2007, and recently intra-articular facet joint injections at bilateral C2 and C3 and C3 to C4 on 6/2/2014. This has resulted to 50% symptom relief with noted improved activity level. However, patient did not meet guideline criteria for MBB due to radicular pain and absence of 70% symptom relief. Moreover, there are simultaneous requests for MBB at bilateral C2 and C4, and the guideline does not recommend more than two levels of nerve block. There is no discussion concerning need for variance from the guidelines. Therefore, the request for Medial Nerve branch blocks to bilateral C3 is not medically necessary.

Medial Nerve branch blocks to bilateral C4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Neck and Upper Back (Acute and Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter, Medial Branch Block.

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that medial branch blocks (MBB) are not recommended except as a diagnostic tool for patients with non-radicular neck pain limited to no more than two levels bilaterally. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. One set of diagnostic MBB is required with a response of >70%, and no more than 2 joint levels are injected in one session, as recommended by ODG. In this case, patient complained of neck pain, rated 7/10 in severity, radiating to the left arm. Physical examination of the cervical spine showed paraspinal tenderness, painful rotation to the right, tenderness at the facet joints from C2 to C3 through C4 to C5 bilaterally, painful rotation to the left at 20 degrees, and negative foraminal closure test bilaterally. Patient underwent cervical fusion and left anterior cervical foraminotomy at C5-C6 and C6-C7 in 2007, and recently intra-articular facet joint injections at bilateral C2 and C3 and C3 to C4 on 6/2/2014. This has resulted to 50% symptom relief with noted improved activity level. However, patient did not meet guideline criteria for MBB due to radicular pain and absence of 70% symptom relief. Moreover, there are simultaneous requests for MBB at bilateral C2 and C3, and the guideline does not recommend more than two levels of nerve block. There is no discussion concerning need for variance from the guidelines. Therefore, the request for Medial Nerve branch blocks to bilateral C4 is not medically necessary.

Lorcet 10/650, QTY: 120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and Hydrocodone/Acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on opioids since March 2014. She denied side effects from current treatment regimen. Intake of medications decreased pain severity by 50%, and improved her activity level. Urine drug screen from 6/6/2014 was likewise consistent with prescribed medications, as stated. Guideline criteria for continuing opioid management have been met. Therefore, the request for Lorcet 10/650, QTY: 120 is medically necessary.

Celebrex 200 mg, QTY: 60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Selective COX-2 NSAIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 46.

Decision rationale: As stated on page 46 of the California MTUS Chronic Pain Medical Treatment guidelines, NSAIDS are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function. In this case, patient has been on Celebrex since March 2014. Intake of medications decreased pain severity by 50%, and improved her activity level. However, long-term NSAID use is not recommended. There is no discussion concerning need for variance from the guidelines. Therefore, the request for Celebrex 200 mg, QTY: 60 with 1 refill is not medically necessary.

Paxil 40 mg, QTY: 30, with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, Selective serotonin reuptake inhibitors (SSRIs) Page(s): 16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress chapter, Antidepressants for treatment of MDD (major depressive disorder).

Decision rationale: As noted on page 16 of the CA MTUS Chronic Pain Medical Treatment Guidelines, selective serotonin reuptake inhibitors (SSRIs) are a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline that are controversial based on

controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. According to ODG, antidepressants are recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that are moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. In this case, there is no documented rationale for Paxil, which has been prescribed since March 2014. Progress reports submitted for review failed to provide evidence that patient was suffering from depression secondary to chronic pain. The medical necessity cannot be established due to insufficient information. Therefore, the request for Paxil 40 mg, QTY: 30, with 1 refill is not medically necessary.