

<b>Case Number:</b>	CM14-0146188		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	10/09/2006
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 injured worker is a 66 year old male who sustained an injury on 10/09/06 when a glove got stuck in a bolt and he twisted his neck, low back, and right knee. The injured worker has been followed for several conditions to include chronic neck and low back pain. The injured worker has undergone multiple prior lumbar fusions and bilateral total knee arthroplasty. The injured worker has attended post-operative physical therapy. MRI studies of the cervical spine from 07/13/13 noted small disc protrusions at C4-5 and C5-6 with cord contact. As of 08/06/14 the injured worker continued to report chronic neck and low back pain as well as pain in the bilateral knees that was decreased by 50% with medications as well as improved functionality with medications. The injured worker's pain scores were still at 8-9/10. The physical exam noted tenderness to palpation in the neck and low back with loss of range of motion. In the cervical region there was tenderness to palpation over the C4-7 facets. No neurological deficits in the upper extremities were noted. The injured worker's requested cervical facet blocks and medications were denied on 08/29/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical facet blocks at C5-6 and C6-7 bilaterally:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 181, 309. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & 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 & Upper Back Chapter, Facet Joint Injections

**Decision rationale:** In review of the clinical documentation provided for review, the injured worker has been recommended for facet blocks at C5-6 and C6-7 to address persistent complaints of facet pain as noted on the 08/06/14 physical exam. The injured worker has had persistent complaints despite an extensive amount of treatment to date. The injured worker did not present with any findings for cervical radiculopathy. The current evidence based guidelines generally consider facet blocks as diagnostic in nature. Guidelines will support one series of facet blocks only and depending on the response, further consideration should be made for targeted medial branch blocks and then possibly radiofrequency ablation. Given the injured worker's objective findings and failure of treatment, this request is medically necessary and appropriate.

**1 prescription of Norflex 100mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-67.

**Decision rationale:** The chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxers are recommended for short term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there had been any recent exacerbation of chronic pain or any evidence of a recent acute injury. Therefore, the request is not medically necessary and appropriate.

**1 prescription of Restoril 30mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** The chronic use of benzodiazepines is not recommended by current evidence based guidelines as there is no evidence in the clinical literature to support the efficacy of their extended use. The current clinical literature recommends short term use of benzodiazepines only due to the high risks for dependency and abuse for this class of medication. The clinical documentation provided for review does not specifically demonstrate any substantial functional improvement with the use of this medication that would support its ongoing use. As such, the request is not medically necessary and appropriate.

**1 prescription of Levaquin 500mg #10: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Infectious Diseases, Levofloxacin

**Decision rationale:** Per guidelines, Levaquin is recommended as a first line treatment for chronic infections such as bronchitis and pneumonia and can be utilized in the treatment of osteomyelitis. However, the clinical documentation provided for review does not identify any condition that would support the use of this medication. As such, the request is not medically necessary and appropriate.

**Unknown CT scan: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**Decision rationale:** The request does not specify what type of CT scan is being recommended. Given the unspecified request for a CT scan, this request is not medically necessary and appropriate.