

<b>Case Number:</b>	CM14-0165801		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	08/10/1998
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	09/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2014

### 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 & Rehabilitation, has a subspecialty in Interventional Spine Pain Management 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 60 year old female with date of injury 8/10/98. The treating physician report dated 9/3/14 indicates that the patient presents with cervical pain, thoracic pain and cervicogenic migraines. The patient reports that the pain is a 10/10 without medications and 7/10 with medications. The physical examination findings reveal moderate tenderness and spasm with paraspinal palpation, cervical extension is reduced 50%, positive Spurling's, grip strength is decreased on the left, and there is hypoesthesia and dysesthesia over the medial scapulae. Prior treatment history includes cervical ESI years ago relieved her arm pain. The treating physician reports that the medications are beneficial and there are no side effects which help the patient perform ADLs such as driving and walking. The current diagnoses are: 1.Cervical spondylosis2.Cervical IVD3.Chronic pain syndrome4.Cervicalgia5.Brachial neuritis5.Cervical facet joint pain6.Cervicogenic and migraine headacheThe utilization review report dated 9/26/14 denied the request for Metaloxone, Tramadol and right and left side C5, 6, 7 facet block based and modified the request for Lyrica and Soma to be weaned based on the MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Metaloxone:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Metaxalone (Skelaxin), Medications for chronic pain Page(s): 60-61.

**Decision rationale:** The patient presents with chronic cervical and thoracic pain with associated cervicogenic headaches. The current request is for Metaxalone. In reviewing the request for authorization signed by the treating physician on 9/3/14 the request is for Metaxalone 800mg 1 BID prn spasms #90. In reviewing the 6 treating physician reports dated from 1/24/14 through 9/3/14 the patient has been prescribed Metaxalone on a monthly basis with reports that state, "Medications are beneficial, no side effects, needs refills. Metaxalone is supported in the MTUS guidelines as a non-sedating muscle relaxant. MTUS page 60 also requires recording of pain and function when medications are used for chronic pain. In this case, the provider walks with medication usage. The current request is supported by MTUS and the treating physician has documented reduction of pain and improvement in daily ability to walk, drive and perform physical ADLs. Therefore, this request is medically necessary.

**Lyrica:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anit-epilepsy drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs); SPECIFIC ANTI-EPILEPSY DRUGS Page(s): 16-18; 19-20.

**Decision rationale:** The patient presents with chronic cervical and thoracic pain with associated cervicogenic headaches. The current request is for Lyrica. In reviewing the request for authorization signed by the treating physician on 9/3/14 the request is for Lyrica 75mg 2po EID #180. In reviewing the medical records provided it appears that the patient has been prescribed Lyrica since at least 1/24/14 and has been stable on the medication. The MTUS guidelines support the usage of Lyrica for neuropathic pain, diabetic neuropathy and postherpetic neuralgia. In this case there are repeated monthly notes that indicate the medications prescribed are allowing the patient to complete necessary activities of daily living. The treating physician has prescribed a medication that is supported by MTUS and has documented reduced pain and improved function with this medication. Therefore, this request is medically necessary.

**Tramadol:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol; MTUS Chronic Pain Medical Treatment Guidelines for Tramadol Page(s): 75; 113.

**Decision rationale:** The patient presents with chronic cervical and thoracic pain with associated cervicogenic headaches. The current request is for Tramadol. In reviewing the request for authorization signed by the treating physician on 9/3/14 the request is for Tramadol with 3 refills.

The treating physician report dated 9/3/14 states that the patient has been stable on Ultram 50 mg tid. The report also states that the patient has decreased pain from a 10 to a 7, no side effects reported, and improved ability to perform her activities of daily living which included driving and walking. The MTUS Guidelines do support Tramadol for chronic moderately severe pain. In reviewing the 6 previous reports provided the treating physician has documented the 4 A's (analgesia, ADL's, Adverse effects and Adverse behavior) as required by MTUS for the usage of Tramadol. Therefore, this request is medically necessary.

**Soma:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (soma).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), Muscle relaxants (for pain) Page(s): 29; 63-66.

**Decision rationale:** The patient presents with chronic cervical and thoracic pain with associated cervicogenic headaches. The current request is for Soma. In reviewing the 6 reports dated 1/24/14 through 9/3/14 the patient has been prescribed Soma since at least 1/24/14. The MTUS guidelines are very clear regarding Soma which states, "Not recommended. This medication is not indicated for long-term use." Continued usage of this muscle relaxant is not supported by MTUS beyond 2-3 weeks. There is no compelling rationale provided by the treating physician to continue this patient on this centrally acting skeletal muscle relaxant beyond the MTUS guideline recommendation of 2-3 weeks. Therefore, this request is not medically necessary.

**Right side C5, C6, C7 facet block:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Treatment in Workers Compensation, Neck & Upper Back

**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; Facet joint diagnostic blocks

**Decision rationale:** The patient presents with chronic cervical and thoracic pain with associated cervicogenic headaches. The current request is for right side C5, C6, C7 facet block. The treating physician report dated 9/3/14 states, "She has significant crepitus with all neck motion, and all neck motion elicits pain down posteriolateral left arm, along radial forearm, and to radial hand and 4th and 5th fingers during the spasms. Cervical extension is limited to 10 degrees and rotation to the left elicits tingling pain down posteriolateral arm and radial forearm/hand/fingers. There is moderate tenderness to palpation over paraspinal musculature from C3 to T4." The MTUS guidelines do not address cervical facet joint block injections. The ODG guidelines state specifically that the clinical presentation of a candidate for cervical diagnostic blocks should be consistent with the guidelines. In this case the patient has neck pain with radiation of pain into the left arm down to the 4th and 5th digits. The first criteria as outlined by ODG states, "Axial

neck pain (either with no radiation or rarely past shoulders)." The treating physician has clearly documented that the patient has radicular pain with neck motions during examination which does not meet the criteria for facet joint pain with need for a diagnostic block. Therefore, this request is not medically necessary.

**Left side C5, C6, C7 facet block:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Treatment in Workers Compensation

**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; Facet joint diagnostic blocks

**Decision rationale:** The patient presents with chronic cervical and thoracic pain with associated cervicogenic headaches. The current request is for left side C5, C6, C7 facet block. The treating physician report dated 9/3/14 states, "She has significant crepitus with all neck motion, and all neck motion elicits pain down posteriolateral left arm, along radial forearm, and to radial hand and 4th and 5th fingers during the spasms. Cervical extension is limited to 10 degrees and rotation to the left elicits tingling pain down posteriolateral arm and radial forearm/hand/fingers. There is moderate tenderness to palpation over paraspinal musculature from C3 to T4." The MTUS guidelines do not address cervical facet joint block injections. The ODG guidelines state specifically that the clinical presentation of a candidate for cervical diagnostic blocks should be consistent with the guidelines. In this case the patient has neck pain with radiation of pain into the left arm down to the 4th and 5th digits. The first criteria as outlined by ODG states, "Axial neck pain (either with no radiation or rarely past shoulders)." The treating physician has clearly documented that the patient has radicular pain with neck motions during examination which does not meet the criteria for facet joint pain with need for a diagnostic block. Therefore, this request is not medically necessary.