

<b>Case Number:</b>	CM13-0002050		
<b>Date Assigned:</b>	10/15/2013	<b>Date of Injury:</b>	09/06/2007
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	07/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2013

### 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: Minnesota, Florida

Certification(s)/Specialty: Orthopedic Surgery

### 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 34 year old female, who sustained an industrial injury on September 06, 2007. The injured worker was diagnosed as having facet arthropathy in the bilateral cervical four to five, cervical five to six, and cervical six to seven levels with the right greater than the left. Treatment and diagnostic studies to date has included magnetic resonance imaging of the cervical spine, epidural steroid injections of unknown quantity, laboratory studies, physical therapy, massage therapy, use of ice, use of a transcutaneous electrical nerve stimulation, medication regimen, and home exercise program. In a progress note dated June 04, 2013 the treating physician reports complaints of stabbing, aching, throbbing pain to the neck and pain to the low back. Examination performed on June 04, 2013 was revealing for decreased range of motion to the cervical spine, positive facet loading to the bilateral cervical four to five, cervical five to six, and cervical six to seven levels with the right greater than the left, and decreased motor strength to the bilateral upper extremities. The progress report from June 04, 2013 noted the injured worker's medication regimen to include Norco (since at least December 2012), Naproxen (since at least January 2013), Flexeril (since at least December 2012), Prilosec (since at least December 2012), Senna-S (since at least April 2013), and Terocin Cream (since at least December 2012). On June 04, 2013 the injured worker's pain level was rated a 6 to 7 out of 10, but the documentation did not indicate the injured worker's pain level as rated on a pain scale prior to use of her medication regimen and after use of her medication regimen to indicate the effects with the use of the injured worker's medication regimen. On June 04, 2013 the treating physician noted that the injured worker's medication regimen "help decrease her pain and

increase her function". The medical records provided included a magnetic resonance imaging report from December 21, 2012 that was revealing for degenerative disc disease and facet arthropathy with focal protrusions most prominent at cervical five to six and cervical six to seven. On June 04, 2013 the treating physician requested bilateral medial branch block cervical four to five, cervical five to six, and cervical six to seven for treatment of the bilateral facet arthropathy to assist with decreasing the pain, increasing function, and decrease the use of oral medications. The treating physician also requested a decrease in the doses of the medications of Flexeril 7.5mg with a quantity of 90 and Norco 5-325mg with a quantity of 90 noting current use of these medications as noted above. On July 09, 2013 the Utilization Review determined the requests for bilateral medial branch block cervical four to five, cervical five to six, and cervical six to seven and Flexeril 7.5mg with a quantity of 90 to be non-certified. On July 09, 2013 the Utilization Review determined the requests Norco 5-325mg with a quantity of 90 to be modified.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Flexeril 7.5mg, #90:** 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): Muscle relaxants (for pain).

**Decision rationale:** With regard to the request for Flexeril 7.5 mg #90, California MTUS chronic pain guidelines indicate that Flexeril is recommended for a short course of therapy. Limited, mixed evidence does not allow for a recommendation for chronic use. The greatest effect appears to be in the first 4 days of treatment. As such, the request for Flexeril 7.5 mg #90 is not supported and the request is not medically necessary and has not been substantiated.

**Bilateral medial branch block C4-5, C5-6 and C6-7:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Neck and upper back, Topic: Facet joint pain, signs and symptoms; facet joint radiofrequency neurotomy.

**Decision rationale:** California MTUS guidelines do not include the criteria for medial branch blocks of the facet joints. ODG guidelines indicate that facet joint radiofrequency neurotomy is under study. There is conflicting evidence as to the efficacy of this procedure. With regard to medial branch blocks, the criteria include unilateral neck pain that does not radiate past the shoulder, tenderness over the facet region and limitation of extension and rotation with absence of radicular pain and or neurologic findings. In this case, the pain diagram indicates radicular pain in both upper extremities going all the way down to the hands. Neurologic symptoms are documented with decreased sensation in the right C6, C7, and C8 dermatomes. Furthermore, the request as stated is for 3 level blocks. ODG guidelines indicate that not more than 2 joint levels are to be performed at one time. As such, the request for medial branch blocks is not supported

and the request is not medically necessary and has not been substantiated.

**Norco 5/325mg, #90:** 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): Opioids, criteria for use, Opioids for neuropathic pain, Opioids, pain treatment agreement.

**Decision rationale:** An Interventional Pain Management Consultation dated 12/11/2012 indicates that the injured worker was complaining of neck pain, mid back pain and low back pain with bilateral upper extremity symptoms. Examination of the cervical spine revealed tenderness to palpation with spasm in bilateral trapezius. Range of motion of the cervical spine was decreased in all planes. Sensation was decreased in the right C6, C7, and C8 dermatomes. Motor testing was 5/5 in both upper extremities. Reflexes were intact. Urine toxicology was positive for marijuana. She stated that she was taking Norco 10/325 mg and had decreased the dose from 4 per day to 3 per day. The pain level was reported to be 8/10. She was also taking Prilosec 20 mg 2 tablets per day. An updated MRI scan was requested. The MRI scan of the cervical spine dated 12/24/2012 was reported to show degenerative disc disease and facet arthropathy with focal protrusions most pronounced at C5-6 and C6-7 without evidence for canal stenosis or neural foraminal narrowing at any level. With respect to the request for Norco 5/325 mg #90, the documentation indicates that on the basis of the urine toxicology reporting the presence of marijuana and the absence of hydrocodone on one occasion in the past, utilization review had recommended weaning. Furthermore, the guidelines do not recommend opioids for neuropathic pain unless a satisfactory trial of non-opioid analgesics such as antidepressants and anticonvulsants has been documented with associated failure. The documentation provided does not indicate such a trial. The guidelines also do not recommend chronic use of opioids for neck and back pain. Based upon the breach of the opioid pain contract, no additional refills of Norco were recommended except for the current refill to facilitate weaning. In light of the foregoing, the request for additional Norco 5/325 mg #90 is not supported and the request is not medically necessary and has not been substantiated.