

<b>Case Number:</b>	CM14-0212148		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	07/08/2009
<b>Decision Date:</b>	03/06/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2014

### 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. 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 54 year old male continues to complain of upper back, left shoulder and left side neck pain and headaches stemming from a work related pulling injury reported on 1/10/2014. Diagnoses include: shoulder/arm sprain; cervicgia with strained left trapezius muscle and herniated left cervical disc at C5-6; right cervical 3-4 stenosis with marked narrowing and diffuse arthritis (with symptoms starting on the right); and left cervical radiculopathy. Treatments have included: consultations; diagnostic imaging studies; failed physical therapy; cervical epidural block; a home stretching exercise program; psychiatric treatments; and medication management. The injured worker (IW) is noted to be on restricted work duties but unable to work due to debilitating pain. Progress notes, of 7/21/2014 and 7/22/2014, note the IW feeling miserable with pain in the mid-cervical spine, having his medications denied and resulting in the IW being unable to return to modified duties at work. Also noted were complications with this claim due to a history of heart issues, and failed physical therapy. The treatment plans included finishing up the cervical epidural block in hopes of relief, as well as a discussion about consideration of diagnostic/therapeutic fluoroscopically guided zygapophyseal joint injections. Primary physician progress notes, dated 10/2/2014, note pain with resisted shoulder abduction and scapular retraction, mild restriction with rotation of the neck and affected left side with positive Spurling with no radicular symptoms at that time; but is unable to return to work due to debilitating pain. Secondary treating physician progress notes, dated 10/28/2014, note complaints of headaches with left upper back pain and back spasms. The impression noted intermittent left arm paresthesia's and a history for which physical therapy aggravated symptoms; and an MRI that

noted age-appropriate spondylosis without focal disk protrusion neural compromise, but having some zygapophyseal joint hypertrophic changes; and wanting to rule out zygapophyseal joint pain. The treatment plan included modifying physical therapy to concentrate on stretching and spine stabilization, and with caution on any manipulation therapy; maximize stretching; and therapeutic/diagnostic left cervical facet joint injection series. On 11/24/2014 Utilization Review non-certified, for medical necessity, a request for therapeutic left cervical (C) 4-5, C5-6 & C6-7 Fluoroscopic Guided Facet Block Injections, 1 injection for each of the 3 sections, citing that the ODG guidelines for treatment of the Neck and Upper Back (Acute & Chronic), which recommend certain Facet treatments when criteria is met for a maximum of 2 spinal levels; and that currently cervical intra-articular blocks are not recommended. This was followed up by a recommendation for a more appropriate treatment for diagnostic medical branch blocks at 2 spinal levels.

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

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

**Norco 10mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-82.

**Decision rationale:** According to guidelines it states opioids should only be continued if there is functional improvement. It also states chronic use of opioids can lead to dependence and addiction. According to the patient's medical records it does not state the patient has functional improvement with norco usage and thus is not medically necessary.

**Lidoderm patch 5% #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56-57.

**Decision rationale:** According to guidelines Lidoderm is the brand name for a lidocaine patch produced by [REDACTED]. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. According to the medical records there is no indication as to why Lidoderm is needed and thus not medically necessary.

