

Case Number:	CM14-0217583		
Date Assigned:	01/07/2015	Date of Injury:	08/19/1999
Decision Date:	03/03/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/29/2014

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: Arizona, 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:

The injured worker was a 50 year old male, who was injured on the job, on August 19, 1999. According to the progress note of January 16, 2014 the injured worker has had ongoing neck, mid back and low back complaints. The injured worker was diagnosed with degenerative disc disease, cervical, lumbar sprain/strain, possible cervical and lumbar radiculopathy and chronic pain syndrome. The injured worker rates pain in the upper and lower extremities at 8 out of 10; 0 being no pain 10 being the worse pain. The injured worker continues with persistent limitations with activities of daily living, sitting, standing and walking. The injured worker reports the thoracic pain was very severe interfering with balance. In the past the injured worker has had 24 physical therapy visits and 24 chiropractic visits and 10 acupuncture visits. The cervical MRI completed on September 19, 2013, showed severe left-sided C3-C4 and C5-C6 foraminal stenosis and severe foraminal stenosis of C6-C7. According to the x-ray report of September 19, 2013, the injured worker had degenerative disc disease and facet arthropathy with retrolisthesis at C5-C6 and C6-C7, canal stenosis included C4-C5 and C5-C6 mild, C-6C7 mild to moderate canal stenosis, neural foraminal narrowing included C3-C4 sever left, C5-C6 severe left and C6-C7 severe bilateral foraminal narrowing. The injured worker had an epidural injection to the T8-T9, on June 13, 2014. According to the progress note of June 23, 2014, the injured workers symptoms were unchanged. According to the progress note of December 15, 2014, the injured worker was having radiating numbness down the arms to his hands with persistent muscle spasms in his arms, back and legs. The injured worker was to trail Oxycontin at the last visit, however was unable to get the prescription filled. The injured worker went through withdrawal

signs and symptoms for a few days and then found old medication to get him through in the meantime. The injured worker was inquiring about surgical options at this time. The injured worker had a cervical epidural injection, on July 11, 2014, with no effect. On December 5, 2014, the UR denied authorization for 1 medical branch block targeting bilateral C5-C6 and C6-C7 facet joints and 1 prescription for Oxycontin 10 mg #60. The denial for the medial branch block was based on the ODG guidelines for medical branch block. The denial for the Oxycontin was based on the MTUS guidelines for Oxycontin for ongoing pain relief, functional improvement, appropriate medication use and side effects should be evaluated.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Medial branch block targeting bilateral C5/6 and C6/7 facet joints: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Medial Branch Blocks

Decision rationale: While not recommended, criteria for use of therapeutic intra-articular and medial branch blocks, if used anyway, clinical presentation should be consistent with facet joint pain, signs & symptoms: 1. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. 2. If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). 3. When performing therapeutic blocks, no more than 2 levels may be blocked at any one time. 4. If prolonged evidence of effectiveness is obtained after at least one therapeutic block, there should be consideration of performing a radiofrequency neurotomy. 5. There should be evidence of a formal plan of rehabilitation in addition to facet joint injection therapy. 6. No more than one therapeutic intra-articular block is recommended. MBB are often used for diagnostic purposes prior to a facet neurotomy. In this case, there was no indication in the clinical notes that there was a facet neurotomy planned or that the claimant met the criteria above. In addition, it is not recommended by the guidelines and therefore the MBB is not medically necessary.

(1) Prescription of Oxycontin 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: According to the MTUS guidelines, opioids are not indicated as 1st line therapy for neuropathic pain, and chronic back pain. They are not indicated for mechanical or

compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on other opioids including Percocet for months and concurrently using NSAIDS without significant improvement in pain or function. There is no indication that one opioid is superior to another. There was no specified indication for combining and NSAID and an opioid. The continued use of Oxycontin is not medically necessary.