

Case Number:	CM15-0121445		
Date Assigned:	07/02/2015	Date of Injury:	04/24/1999
Decision Date:	09/11/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/23/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 54 year old male, who sustained an industrial injury on 04/24/1999. He has reported subsequent head, neck and mid-back pain and was diagnosed with cervical strain, cervical degenerative disc disease and cervical pain. Treatment to date has included medication, cervical epidural steroid injections, physical therapy, acupuncture, biofeedback, psychotherapy, facet joint injections and trigger point injections. Cervical epidural injections provided excellent relief and trigger point injections and acupuncture provided moderate relief. All other interventions provided mild to no relief. In a progress note dated 06/05/2015, the injured worker complained of constant low to moderate intensity posterior neck pain with referred pain to the right scapula, with periodic headaches and periodic right upper extremity referred numbness and tingling that was rated as 9/10. Pain was documented as 7/10 at best, 9/10 at worst and average pain as 7/10. Objective findings were notable for tenderness to palpation of the posterior aspect and facet elements of the cervical spine, decreased range of motion, pain with cervical extension and cervical facet loading and decreased sensation to light touch over the right long, ring and small fingers, right ulnar hand, medial forearm and medial upper arm/axilla. The physician noted that the injured worker had stopped taking Norco, Vicodin and OxyContin due to side effects of irritability. Urine toxicology screen dated 05/01/2015 was positive for the presence of Norhydrocodone, Citalopram and Tramadol. The physician noted that diagnostic differential cervical medial branch nerve blocks would be recommended given the clinical exam and MRI findings consistent with facet arthropathy. Work status was noted to be full-time. A request for

authorization of cervical facet nerve block (site: C4-C5 and C5-C6) right side and Norco 10/325 mg #60 with 1 refill was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical facet nerve block (site: C4-C5 and C5-C6) side right: 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), 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 and Upper Back (Acute & Chronic), Facet joint diagnostic blocks.

Decision rationale: According to ODG, cervical facet injections are limited to chronic cervical pain that is non-radicular in nature. There should not be any history of spinal stenosis or previous fusion. There should be documentation of the failure of conservative measures prior to the procedure for at least 4-6 weeks. No more than 2 levels should be injected at any one time. There should also be evidence of a formal plan of rehabilitation in addition to facet joint injection therapy. Although there was not a formal diagnosis of cervical radiculopathy documented, the most recent subjective examination findings were notable for neck and right scapular pain, tingling and numbness in the right upper extremity and the objective findings were notable for tenderness, decreased range of motion and pain of the cervical spine, decreased sensation to light touch over the right long, ring and small fingers, right ulnar hand, medial forearm and medial upper arm/axilla. These findings are consistent with a radiculopathy which is inconsistent with ODG guidelines for criteria of cervical diagnostic blocks for facet nerve pain. In addition, 3 previous facet joint injections received had only provided mild relief of pain while cervical epidural steroid injections had provided excellent relief of pain, indicating that the pain was more likely to be radicular in origin rather than facetogenic. Medical necessity for the requested item has not been established. The request for authorization of cervical facet nerve blocks (right C4-C5 and C5-C6) is not medically necessary.

Norco 10/325mg #60 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to the CA MTUS guidelines, Norco 10/325mg (Hydrocodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate

medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. The documentation shows that this medication had been prescribed to the injured worker since at least 10/30/2014 and there was no documentation of any significant functional improvement or pain reduction with the use of opioid medication. Pain remained in the severe range (7-9/10) as per the visual analog scale. There was no documentation as to the intensity of pain after taking Norco or the duration of pain relief. In addition, the most physician progress notes indicate that the injured worker had stopped taking Norco in addition to other opiate medications due to irritability, yet the injured worker was noted to currently be prescribed Norco. There was no reconciliation of these issues. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The requested medication is not medically necessary.