

Case Number:	CM15-0129257		
Date Assigned:	07/15/2015	Date of Injury:	08/02/2011
Decision Date:	08/13/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	07/02/2015

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: Texas, 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 is a 59 year old male who sustained an industrial injury on August 2, 2011. He has reported left sided neck pain and associated headaches and has been diagnosed with hip pain, hip bursitis, shoulder pain, and knee pain. Treatment has included medications, surgery, injection, and physical therapy. There was tenderness on palpation in the biceps groove of the right shoulder. Movements were restricted to the left shoulder. There was tenderness on palpation in the biceps groove. Range of motion to the right hip was restricted. There was tenderness over the trochanter. There was tenderness noted over the left trochanter. There was crepitus noted over the right knee. Range of motion to the left knee was restricted. There was crepitus noted. The treatment request included a medial branch block, left C4, C5, and C6 nerves, Norco, and tizanidine. The patient had received an unspecified number of the PT visits for this injury. Per the note dated 5/20/15 the patient had complaints of neck pain Physical examination of the cervical region revealed limited range of motion, tenderness on palpation, positive spurling sign and facet loading test. The patient sustained the injury due to cumulative trauma. The medication list includes Cyclobenzaprine, Tizanidine, Tramadol, Cymbalta and Norco. The patient's surgical history includes right knee, left shoulder surgery and TKR. Patient had received Medial branch block, right C4, C5 and C6 Nerves on 9/10/14 and Medial branch radiofrequency ablation, right C4, C5 and C6 Nerves on 10/22/14. The patient has had MRI of the right knee that revealed degenerative changes and meniscus tear and MRI of the left shoulder that revealed RCT. The patient has had history of muscle spasm. The patient has had urine drug screen test on 4/15/15/ that was consistent for Hydrocodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial branch block, Left C4, C5 and C6 Nerves: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back (updated 06/25/15) Facet joint diagnostic blocks Facet joint therapeutic steroid injections Facet joint radiofrequency neurotomy.

Decision rationale: Request: Medial branch block, Left C4, C5 and C6 Nerves. CA MTUS does not address facet injection: Per the ODG Neck and upper back guidelines "Facet joint medial branch blocks (therapeutic injections) are not recommended. Intra-articular blocks: No reports from quality studies regarding the effect of intra-articular steroid injections are currently known. There are also no comparative studies between intra-articular blocks and rhizotomy." In addition, regarding facet joint injections, ODG states, "While not recommended, criteria for use of therapeutic intra-articular and medial branch blocks, if used anyway. There should be no evidence of radicular pain, spinal stenosis, or previous fusion." "Facet joint radiofrequency neurotomy: Under study. Conflicting evidence, which is primarily observational, is available as to the efficacy of this procedure and approval of treatment should be made on a case-by-case basis. Studies have not demonstrated improved function." Criteria for use of cervical facet radiofrequency neurotomy: 1. Treatment requires a diagnosis of facet joint pain. See Facet joint diagnostic blocks. 2. Approval depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, and documented improvement in function. 3. No more than two joint levels are to be performed at one time (See Facet joint diagnostic blocks). 4. If different regions require neural blockade, these should be performed at intervals of not sooner than one week, and preferably 2 weeks for most blocks. 5. There should be evidence of a formal plan of rehabilitation in addition to facet joint therapy. 6. While repeat neurotomies may be required, they should not be required at an interval of less than 6 months from the first procedure. Duration of effect after the first neurotomy should be documented for at least 12 weeks at 50% relief. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration). No more than 3 procedures should be performed in a year's period. A recent detailed clinical evaluation note of treating physician was not specified in the records. A recent detailed examination of the cervical region was not specified in the records provided. The patient had received an unspecified number of the PT visits for this injury. The records submitted contain no accompanying current PT evaluation for this patient. In addition, there was no documented evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy. Detailed response of the PT visits was not specified in the records provided. Previous conservative therapy notes were not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. Patient had received Medial branch block, right C4, C5 and C6 Nerves on

9/10/14 and Medial branch radiofrequency ablation, right C4, C5 and C6 Nerves on 10/22/14. Any evidence of pain relief for at least 12 weeks at 50% relief following previous facet injection and radiofrequency ablation was not specified in the records provided. In addition as per cited guideline, no more than two joint levels are to be performed at one time and this is a request for Medial branch block, Left C4, C5 and C6 Nerves. The medical necessity of the request for Medial branch block, Left C4, C5 and C6 Nerves is not fully established in this patient. The request is not medically necessary.

Norco 10/325mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78-80, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use: page 76-80, CRITERIA FOR USE OF OPIOIDS, Therapeutic Trial of Opioids.

Decision rationale: Norco 10/325mg #30. Norco contains Hydrocodone with APAP which is an opioid analgesic in combination with acetaminophen. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." He has reported left sided neck pain and associated headaches and has been diagnosed with hip pain, hip bursitis, shoulder pain, and knee pain. There was tenderness on palpation in the biceps groove of the right shoulder. Movements were restricted to the left shoulder. There was tenderness on palpation in the biceps groove. Range of motion to the right hip was restricted. There was tenderness over the trochanter. There was tenderness noted over the left trochanter. There was crepitus noted over the right knee. Range of motion to the left knee was restricted. There was crepitus noted. Per the note dated 5/20/15 the patient had complaints of neck pain Physical examination of the cervical region revealed limited range of motion, tenderness on palpation, positive spurling sign and facet loading test. The patient's surgical history includes right knee, left shoulder surgery and TKR. The patient has had MRI of the right knee that revealed degenerative changes and meniscus tear and MRI of the left shoulder that revealed RCT. The patient has had urine drug screen test on 4/15/15/ that was consistent for Hydrocodone. Therefore the patient had significant abnormal objective findings. There is no evidence of adverse effects or aberrant pain behavior. His conditions are prone to intermittent exacerbations. A small quantity (#30) of a low dose opioid like norco is deemed medically appropriate and necessary in this patient. The medication Norco 10/325mg #30 is medically necessary and appropriate in this patient.

Tizanidine Hcl 4mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63, 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-SPASTICITY/ANTI-SPASMODIC DRUGS: Tizanidine (Zanaflex) page 66.

Decision rationale: Tizanidine Hcl 4mg #60. According to MTUS guidelines "Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. Eight studies have demonstrated efficacy for low back pain. (Chou, 2007) One study demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain. May also provide benefit as an adjunct treatment for fibromyalgia." He has reported left sided neck pain and associated headaches and has been diagnosed with hip pain, hip bursitis, shoulder pain, and knee pain. There was tenderness on palpation in the biceps groove of the right shoulder. Movements were restricted to the left shoulder. There was tenderness on palpation in the biceps groove. Range of motion to the right hip was restricted. There was tenderness over the trochanter. There was tenderness noted over the left trochanter. There was crepitus noted over the right knee. Range of motion to the left knee was restricted. There was crepitus noted. Per the note dated 5/20/15 the patient had complaints of neck pain Physical examination of the cervical region revealed limited range of motion, tenderness on palpation, positive spurling sign and facet loading test. The patient's surgical history includes right knee, left shoulder surgery and TKR. The patient has had a MRI of the left shoulder that revealed RCT. There is evidence of muscle spasm and other significant abnormal objective findings. The patient's condition is prone to exacerbations. The quantity of tizanidine/zanaflex tablets requested (30) is small. The prescription of small quantity of a non sedating muscle relaxant like tizanidine for prn use during exacerbations is medically appropriate and necessary. The request for Zanaflex 4mg #30 is medically appropriate and necessary in this patient at this time.