

Case Number:	CM15-0174713		
Date Assigned:	09/16/2015	Date of Injury:	05/18/2009
Decision Date:	10/21/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/04/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 female who sustained an industrial injury May 18, 2009. Past history included nerve ablation, February 2013. According to a treating physician's progress notes dated August 13, 2015, the injured worker presented with unchanged pain in her cervical spine, rated 4 out of 10. Past treatments included acupuncture, chiropractic therapy, epidural steroid injection, facet joint injection, heat and ice treatment, physical therapy, trigger point injection and TENS (transcutaneous electrical nerve stimulation) unit. She reported to just finishing 6 acupuncture sessions with a 70% benefit and 2 day relief of cervical spasms. She is requesting refills of Robaxin, Mobic, Xanax and Norco. She finds the medication provides about a 50% relief or more of up to 6 hours without pain. With acupuncture and medication she is able to dress, shower, drive for 30 minutes, and perform light housework. She exercises 3-4 times per week, which includes cardio and weights. Physical examination revealed; 5'7" and 122 pounds; cervical spine- tenderness to palpation over the cervical facets, paravertebral spasm, and bilateral trapezius spasm; Spurling's negative left and right; no sensory deficits. Diagnoses are headache; cervical spondylosis; cervicgia. Treatment plan included to continue current medication, review of opiate contract, use ice and moist heat for pain control, and to monitor driving ability when taking medication. At issue, is the request for authorization for Xanax, Norco, and cervical medial branch block injection right C3, C4, C5, C6, and C7. According to utilization review dated August 17, 2015, the request for Norco 10-325mg (1) by mouth once a day #30 was modified to Norco 10-325mg #15. The request for Xanax 0.25mg (1) by mouth once a day #30 was modified to Xanax 0.25mg #15. The request for a cervical medial branch

block injection right C3, C4, C5, C6, and C7, is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.25mg 1 by mouth QD #30: 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): Benzodiazepines.

Decision rationale: The patient presents with pain in the cervical spine, which radiates into the left upper extremity to the left shoulder and down the arm into her fingers. The request is for Xanax 0.25 MG 1 by mouth QD #30. Physical examination to the cervical spine on 08/13/15 revealed tenderness to palpation over the cervical facets, and spasm over the paravertebral muscles and trapezius muscles bilaterally. Spurling sign was positive on the right. Range of motion was restricted with pain. Patient's treatments have included acupuncture, chiropractic, ESI injections, facet joint injection, heat/ice treatment, physical therapy, and TENS. Per 04/28/15 progress report, patient's diagnosis includes cervical spine radiculopathy, stress, anxiety and depression, gastritis secondary to medications. Patient's medications, per 03/24/15 progress report include Methocarbamol, Meloxicam, Hydrocodone/Acetaminophen, Ambien, and Alprazolam. Patient is temporarily totally disabled. MTUS Chronic Pain Treatment Medical Guidelines 2009, page 24 states, Benzodiazepines section states: "Benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." ODG-TWC, Pain (Chronic) Chapter, under Xanax (Alprazolam) states: "Not recommended for long-term use. See Alprazolam; & Benzodiazepines. Alprazolam, also known under the trade name Xanax and available generically, is a short-acting drug of the benzodiazepine class used to treat moderate to severe anxiety disorders, panic attacks, and as an adjunctive treatment for anxiety associated with major depression." The treater has not specifically discussed this request; no RFA was provided either. The utilization review letter dated 08/19/15 has modified the request from #30 to #15. Xanax (Alprazolam) has been included in patient's medications from 03/24/15 and 09/22/15. It is not known when this medication was initiated. However, guidelines do not recommend long-term use of benzodiazepines due to risk of dependence. The patient has been prescribed this medication at least since 03/24/15. This request is not in accordance with guidelines. Therefore, the request is not medically necessary.

Cervical medial branch block injection right C3, C4, C5, C6 and C7: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, Facet Joint Therapeutic Steroid Injections.

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 Chapter, under Facet joint diagnostic blocks.

Decision rationale: The patient presents with pain in the cervical spine which radiates into the left upper extremity to the left shoulder and down the arm into her fingers. The request is for cervical medial branch block right C3, C4, C5, C6 and C7. Physical examination to the cervical spine on 08/13/15 revealed tenderness to palpation over the cervical facets, and spasm over the paravertebral muscles and trapezius muscles bilaterally. Spurling sign was positive on the right. Range of motion was restricted with pain. Patient's treatments have included acupuncture, chiropractic, ESI injections, facet joint injection, heat/ice treatment, physical therapy, and TENS. Per 04/28/15 progress report, patient's diagnosis includes cervical spine radiculopathy, stress, anxiety and depression, gastritis secondary to medications. Patient's medications, per 03/24/15 progress report include Methocarbamol, Meloxicam, Hydrocodone/Acetaminophen, Ambien, and Alprazolam. Patient is temporarily totally disabled. MTUS/ACOEM Neck Complaints, Chapter 8, page 174-175, under Initial Care states: "For Invasive techniques (e.g., needle acupuncture and injection procedures, such as injection of trigger points, facet joints, or corticosteroids, lidocaine, or opioids in the epidural space) have no proven benefit in treating acute neck and upper back symptoms. However, many pain physicians believe that diagnostic and/or therapeutic injections may help patients presenting in the transitional phase between acute and chronic pain." ODG-TWC, Neck and Upper Back Chapter, under Facet joint diagnostic blocks states: "Recommended prior to facet neurotomy a procedure that is considered under study. Diagnostic blocks are performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Current research indicates that a minimum of one diagnostic block be performed prior to a neurotomy, and that this be a medial branch block - MBB. Criteria for the use of diagnostic blocks for facet nerve pain: Clinical presentation should be consistent with facet joint pain, signs & symptoms: 1. One set of diagnostic medial branch blocks is required with a response of 70%. The pain response should be approximately 2 hours for Lidocaine. 2. Limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally. 3. There is documentation of failure of conservative treatment including home exercise, PT and NSAIDs prior to the procedure for at least 4-6 weeks. 4. No more than 2 joint levels are injected in one session. In progress report dated 09/22/15, the treater states that the patient had immediate 100% relief with MBNB cervical facets, which lasted 2 weeks with 90% relief and now still, improved over 50%. The patient underwent cervical medial branch nerve block at right C3 through C7 on 08/31/15. The patient continues with cervical pain that radiates into the left shoulder and down the left upper extremity and is diagnosed with cervical spine radiculopathy. While this patient presents with significant pain poorly controlled by other measures, the presence of radiculopathy in this patient precludes cervical facet injections, diagnostic or otherwise. Furthermore, the guidelines only support 2 joint level injections in one session and the requested levels, from C3 through C7, exceed what is allowed by the guidelines. Therefore, the request is not medically necessary.

Norco 10/325mg 1 by mouth QD #30: 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): Medications for chronic pain, Opioids, criteria for use.

Decision rationale: The patient presents with pain in the cervical spine, which radiates into the left upper extremity to the left shoulder and down the arm into her fingers. The request is for Norco 10/325MG 1 by mouth QD #30. Physical examination to the cervical spine on 08/13/15 revealed tenderness to palpation over the cervical facets, and spasm over the paravertebral muscles and trapezius muscles bilaterally. Spurling sign was positive on the right. Range of motion was restricted with pain. Patient's treatments have included acupuncture, chiropractic, ESI injections, facet joint injection, heat/ice treatment, physical therapy, and TENS. Per 04/28/15 progress report, patient's diagnosis includes cervical spine radiculopathy, stress, anxiety and depression, gastritis secondary to medications. Patient's medications, per 03/24/15 progress report include Methocarbamol, Meloxicam, Hydrocodone/Acetaminophen, Ambien, and Alprazolam. Patient is temporarily totally disabled. MTUS, criteria for use of opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, criteria for use of opioids Section, page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, criteria for use of opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, medications for chronic pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." MTUS, medications for chronic pain Section, pages 60 and 61 state the following: "Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference." The treater has not specifically discussed this request; no RFA was provided either. The utilization review letter dated 08/19/15 has modified the request from #30 to #15. Review of the medical records provided indicates that the patient has been utilizing Norco (Hydrocodone/Acetaminophen) since at least 01/16/15. However, there are no discussions in regards to Norco's impact on the patient's pain and function. No before and after pain scales are used for analgesia. No ADL's are discussed showing specific functional improvement. While CURES are current and consistent with patient's medications, no UDS was provided. There are no discussions on adverse effect and other measures of aberrant behavior. Outcome measures are not discussed and no validated instruments are used showing functional improvement as required by MTUS. This request is not in accordance with guideline recommendations and therefore, is not medically necessary.