

Case Number:	CM15-0042688		
Date Assigned:	03/12/2015	Date of Injury:	10/03/2013
Decision Date:	04/22/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/06/2015

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: Pennsylvania
 Certification(s)/Specialty: Internal Medicine

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 51 year old female who sustained an industrial injury on 10/3/2013. She reported a slip and fall in a tub, injuring her neck and head. The injured worker was diagnosed as having chronic pain syndrome, neck strain, cervical disc pain, cervical degenerative disc disease, cervical stenosis and myalgia. Treatment to date has included physical therapy, trigger point injections, H-wave unit, chiropractic treatment, acupuncture, aquatic therapy, home exercise program, cervical epidural steroid injection, cervical facet joint injection at left C5-6, and medications. Electromyogram/nerve conduction study (EMG/NCS) of the left upper extremity on 1/23/14 was normal, with no findings of left cervical radiculopathy. Cervical spine MRI on 12/2/13 showed disc osteophyte complex at C5-6 with mild to moderate canal stenosis and mild degenerative changes at C6-7. Norco and flexeril have been prescribed since July 2014 per the submitted progress notes and were also prescribed in 2013 and earlier in 2014 based on additional records submitted. The documentation indicates the injured worker had a signed opiate agreement with the treating physician. A urine drug screen on 10/2/14 was negative for hydrocodone which was inconsistent with prescribed medication; this finding was not addressed. Urine drug screen on 11/19/14 was consistent with prescribed medications. At a visit with the primary treating physician on 12/24/14, the injured worker reported a significant increase in pain since a motor vehicle accident on 11/21/14 in which she was rear-ended. An MRI of the cervical spine on 2/3/15 showed 2 millimeter disc bulge contributing to right foraminal exit zone compromise at C6-7 with mild facet joint hypertrophy, and 2-3 mm disc osteophyte complex with right foraminal exit zone compromise at C5-6 and no significant facet joint

hypertrophy. Currently, a progress note from the treating provider dated 2/12/2015 indicates the injured worker reported improved neck pain and shoulder pain with physical therapy and medications. She continued to take flexeril, norco, and naproxen. Examination showed normal upper extremity strength and sensation, with reduced cervical spine range of motion and moderate tenderness over the cervical paraspinals. The physician documented that the injured worker had axial pain and referral patterns suggestive of cervical facet mediated pain. Cervical facet injections were requested for diagnostic and treatment purposes. Work status was permanent and stationary. A work status report of 12/2/14 notes modified duty with restrictions. On 2/25/15, Utilization Review (UR) non-certified cervical facet joint injection right C5-C6 under fluoroscopic guidance, cervical facet joint injection right C6-C7 under fluoroscopic guidance, conscious sedation, and flexeril 7.5 mg #60, and modified a request for norco 10/325 mg #60 to #50. UR cited the MTUS and ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical facet joint injection right C5-C6 under fluoroscopic guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Updated 01/30/15.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): p.181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck chapter: facet joint injections, facet joint diagnostic blocks.

Decision rationale: The ACOEM neck and upper back chapter states that facet injections of corticosteroids are not recommended. The ODG states that facet joint diagnostic blocks are recommended prior to facet neurotomy. Criteria for use include a clinical presentation consistent with facet joint pain. The ODG notes that the use of IV sedation may be grounds to negate the results of a diagnostic block. Although the treating physician stated that the injured worker had axial pain and referral patterns suggestive of cervical facet mediated pain, such findings were not described in the history or physical examination. No significant facet joint hypertrophy was seen at the C5-6 level on recent MRI. Due to the lack of recommendation of facet injections by the ACOEM, and the lack of sufficient documentation of facet joint pain, the request for Cervical facet joint injection right C5-C6 under fluoroscopic guidance is not medically necessary.

Cervical facet joint injection right C6-C7 under fluoroscopic guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back Chapter, Updated 01/30/15.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck chapter: facet joint injections, facet joint diagnostic blocks.

Decision rationale: ODG states that facet joint diagnostic blocks are recommended prior to facet neurotomy. Criteria for use include a clinical presentation consistent with facet joint pain. The ODG notes that the use of IV sedation may be grounds to negate the results of a diagnostic block. Although the treating physician stated that the injured worker had axial pain and referral patterns suggestive of cervical facet mediated pain, such findings were not described in the history or physical examination. Mild facet joint hypertrophy at the C 6-7 level was seen on recent MRI. Due to the lack of recommendation of facet injections by the ACOEM, and the lack of sufficient documentation of facet joint pain, the request for Cervical facet joint injection right C6-C7 under fluoroscopic guidance is not medically necessary.

Conscious sedation: 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 chapter: facet joint injections, facet joint diagnostic blocks and Other Medical Treatment Guidelines associated service.

Decision rationale: The request for conscious sedation appears to be associated with the requests for cervical facet joint injections. As the cervical facet joint injections have been found to be not medically necessary, the associated service of conscious sedation is not medically necessary. In addition, the ODG notes that use of IV sedation during facet joint diagnostic blocks may be grounds to negate the results of the diagnostic block.

Flexeril 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines cyclobenzaprine p. 41-42 muscle relaxants p. 63-66 Page(s): 41-42, 63-66.

Decision rationale: The MTUS for chronic pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. Flexeril has been prescribed for at least 6 months and possibly for more than one year. The injured worker has chronic pain with no evidence of prescribing for flare-ups. The quantity prescribed implies long term use, not for a short period of use for acute pain. No reports show any specific and significant improvement in pain or function as a result of prescribing muscle relaxants. Per the MTUS chronic pain medical treatment guidelines, cyclobenzaprine (Flexeril, fexmid) is a skeletal muscle relaxant and a central nervous system depressant. It is recommended as an option for a short course of therapy, with greatest effect in the first four days of treatment. Guidelines state that treatment should be brief. The addition of cyclobenzaprine to other agents is not recommended. Limited, mixed evidence does not allow for a recommendation for chronic use.

Due to length of use in excess of the guidelines and lack of functional improvement, the request for flexeril is not medically necessary.

Norco 10/325mg #60: 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): p. 74-96.

Decision rationale: There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. There should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies", and chronic back pain. Norco has been prescribed for at least 6 months and possibly for more than one year. There is no evidence of significant pain relief or increased function from the opioids used to date. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics". Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain. Change in activities of daily living, discussion of adverse side effects, and screening for aberrant drug-taking behaviors were not documented. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. No risk assessment for aberrant behavior was documented. A urine drug screen in October 2014 was negative for hydrocodone, which is inconsistent with prescribed medication; this finding was not addressed. As currently prescribed, norco does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.