

Case Number:	CM15-0048077		
Date Assigned:	04/06/2015	Date of Injury:	04/01/1997
Decision Date:	05/15/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/13/2015

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 50-year-old female who reported injury on 04/01/1997. The mechanism of injury was not provided. The injured worker was treated with 3 lumbar surgeries and 2 cervical operations, as well as 2 anterior cervical discectomies and fusions. The injured worker's medications as of 2010 included opiates. Prior therapies included chiropractic care. The injured worker underwent a CT of the cervical spine without contrast on 02/23/2012, which revealed no evidence for fracture or spondylosis or significant disc protrusion. There was a questionable narrowing of the C4-5 disc space. There was facet arthropathy involving the third and fourth facet joints on the left with minimal encroachment on the third neural foramen on the left by degenerative spurs from the uncovertebral and apophyseal joint. The remaining neural foramina were patent. There was a Request for Authorization submitted for review dated 02/06/2015. The examination of 02/03/2015 revealed the injured worker had a non-allopathic lesion of the cervical region and the location of discomfort was in the posterior. The pain radiated into the scalp, upper back, and shoulders. The injured worker had associated symptoms including headache, neck stiffness, and left upper extremity paresthesia. The physical examination revealed somatic dysfunction of the musculoskeletal system of C5 with left tenderness and C3 with right tenderness. The injured worker underwent manipulation. The diagnoses included back pain and non-allopathic lesion of the cervical region. The treatment plan included continue with the same medications. The injured worker's medications were noted to include Dilaudid 8 mg 1 by mouth q. 3 to 4 hours, OxyContin 80 mg 1 tablet every 4 to 5 hours, Roxicodone 30 mg 1 every 3 to 4 hours, Skelaxin 800 mg 1 by mouth 3 times a day as needed for muscle and back

spasms, Valium 10 mg 1 three times a day, Ambien 10 mg 1 at bedtime, and Nexium 40 mg 1 two times a day. The prescriptions that were written included Dilaudid 8 mg 1 by mouth q. 3 to 4 hours, OxyContin 80 mg controlled release 1 every 4 to 5 hours, Roxicodone 30 mg 1 every 3 to 4 hours, and Soma 350 mg 1 by mouth 4 times a day as needed. Additionally, it was noted a new Request for Authorization was submitted as per request by the injured worker's lawyer.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Cervical facet injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174 and 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Criteria for the use of diagnostic blocks for facet nerve pain.

Decision rationale: The American College of Occupational and Environmental Medicine Guidelines indicate that diagnostic facet joints 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. As such, application of secondary guidelines was sought. The Official Disability Guidelines criteria for the use of diagnostic blocks for facet nerve pain include clinical presentation should be consistent with facet joint pain, signs and symptoms which include unilateral pain that does not radiate past the shoulder, objective findings of axial neck pain (either with no radiation or rarely past the shoulders), tenderness to palpation in the paravertebral areas (over the facet region); a decreased range of motion (particularly with extension and rotation) and the absence of radicular and/or neurologic findings. If radiation to the shoulder is noted pathology in this region should be excluded. There should be 1 set of diagnostic medial branch blocks is required with a response of greater than or equal to 70%. The pain response should be approximately 2 hours for lidocaine, limited to no more than 2 levels bilaterally. Additionally, there should be documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4 to 6 weeks and the use of IV sedation may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level, not recommended to perform facet blocks on the same day of treatment as epidural steroid injections or stellate ganglion blocks or sympathetic blocks or trigger point injections as this may lead to improper diagnosis or unnecessary treatment. The clinical documentation submitted for review failed to provide whether the requested level was where the prior fusion had been. There was a lack of documentation of a failure of conservative care prior to the procedure for at least 4 to 6 weeks. There was a lack of documentation indicating the injured worker had facet joint pain and

unilateral pain that did not radiate past the shoulders. There was a lack of documentation of axial neck pain and tenderness to palpation in the paravertebral areas with decreased range of motion and the absence of neurologic findings. The request as submitted failed to indicate the levels and laterality for the request. Given the above, the request for 1 cervical facet injection is not medically necessary.

Oxycontin 80mg #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing Page(s): 60, 78, 86.

Decision rationale: The California MTUS Guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg oral morphine equivalents per day. The daily morphine equivalent dosing would be 1054, which far exceeds the maximum of 120 mg of oral morphine equivalent dosing per day. There was a lack of documentation of objective functional improvement, an objective decrease in pain, and evidence the injured worker was being monitored for aberrant drug behavior and side effects. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Oxycontin 80mg #150 is not medically necessary.

Soma 350mg #120 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) and Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain, less than 3 weeks, and there should be documentation of objective functional improvement. There was a lack of documentation of objective functional improvement. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. There was a lack of documentation indicating a necessity for 3 refills without re-evaluation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Soma 350mg #120 with 3 refills is not medically necessary.

Soma 350mg #120 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) and Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain, less than 3 weeks, and there should be documentation of objective functional improvement. There was a lack of documentation of objective functional improvement. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. There was a lack of documentation indicating a necessity for 3 refills without re-evaluation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Soma 350mg #120 with 3 refills is not medically necessary. This is a duplicate request.