

Case Number:	CM15-0062556		
Date Assigned:	04/08/2015	Date of Injury:	03/27/2012
Decision Date:	06/01/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	04/02/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 42 year old female, who sustained an industrial injury on 03/27/2012. The mechanism of injury involved cumulative trauma. The injured worker was diagnosed as having spasm of muscle, brachial neuritis/radiculitis, cervicgia, cervicocranial syndrome, degenerative cervical intervertebral disc, migraine, unspecified myalgia and myositis, and cervical spondylosis without myelopathy. Treatment to date has included physical therapy which was not beneficial and chiropractic treatment that was helpful for the neck and left arm. The injured worker presented on 02/23/2015 for a follow-up evaluation with complaints of neck and low back pain with daily headaches. The injured worker was utilizing baclofen, Duexis, fentanyl 25 mcg patch, Relpax, and Soma. The injured worker reported 8/10 pain with poor sleep quality. Upon examination, there was ongoing neck pain with crepitus on active range of motion. There was cervical paraspinal muscle tenderness with palpable muscle spasm in the left trapezius region. The injured worker also reported ongoing residual left upper back/lower neck pain. Treatment recommendations included continuation of the current medication regimen, a cervical epidural steroid injection at C4-6, chiropractic therapy 3 times per week for 2 weeks, and a repeat left C2-5 medial branch block. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Left (Cervical) Medical Branch Block At C2, C3, C4 And C5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Facet joint diagnostic block.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state invasive techniques such as facet joint injections have no proven benefit in treating acute neck and upper back symptoms. The Official Disability Guidelines recommend facet joint diagnostic blocks when the clinical presentation is consistent with facet joint pain, signs and symptoms. In this case, there was no documentation of facet mediated pain upon examination. The provider has requested a repeat left C2-5 medial branch block. However, there was no documentation of significant functional improvement following the initial procedure. Given the above, the request is not medically necessary at this time.

Fentanyl 25 mcg 10 patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 44, 78, 86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44.

Decision rationale: The California MTUS Guidelines state fentanyl transdermal system is not recommended as a first line therapy. It is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. In this case, the injured worker has continuously utilized fentanyl 25 mcg patch since 11/2014. There is no documentation of objective functional improvement. The injured worker continues to report high levels of pain and poor sleep quality. There is also no frequency listed in the request. Given the above, the request is not medically necessary.

Nucynta Immediate-Release 50 mg Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Nucynta.

Decision rationale: The Official Disability Guidelines recommend Nucynta only as a second line therapy for patients who develop intolerable adverse effects with first line opioids. In this case, the injured worker does not appear to meet criteria for the requested medication. The injured worker has utilized the above medication since at least 11/2014. There is no documentation of objective functional improvement. In addition, there is no frequency listed in the request. As such, the request is not medically necessary.

Baclofen 10 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity Drugs Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as nonsedating second line options for short term treatment of acute exacerbations. Efficacy appears to diminish over time and prolonged use may lead to dependence. The medical necessity for 2 separate muscle relaxants has not been established in this case. Guidelines do not support long term use of muscle relaxants. There is also no frequency listed in the request. Given the above, the request is not medically necessary.

Soma 350 mg Qty 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as nonsedating second line options for short term treatment of acute exacerbations. Efficacy appears to diminish over time and prolonged use may lead to dependence. The medical necessity for 2 separate muscle relaxants has not been established in this case. Guidelines do not support long term use of muscle relaxants. There is also no frequency listed in the request. Given the above, the request is not medically necessary.

TN1 Cream (Ketoprofen 10%/ Lidocaine 3%), 1 container: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state any compounded product that contains at least one drug that is not recommended, is not recommended as a whole. The only FDA approved topical NSAID is diclofenac gel. The request for a compounded cream containing ketoprofen would not be supported. Lidocaine is not recommended in a form of a cream, lotion or gel. There is also no frequency listed in the request. Given the above, the request is not medically necessary.

Relpax 40 mg Qty 9 tablets: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Head chapter - Triptans.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, Triptans.

Decision rationale: The Official Disability Guidelines recommend Triptans for migraine sufferers. In this case, the injured worker does maintain a diagnosis of migraine headaches. However, the injured worker has utilized the above medication since 11/2014. Despite the ongoing use of this medication, the injured worker continues to report daily headaches. The medical necessity for the ongoing use of this medication has not been established in this case. As such, the request is not medically necessary.

Duexis 800 mg/26.6 mg Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 72-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: The California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. In this case, the injured worker has utilized the above medication since 11/2014. There is no documentation of objective functional improvement. The guidelines do not support long term use of NSAIDs. The medical necessity for a combination medication has not been established. There is also no frequency listed in the request. As such, the request is not medically necessary.