

<b>Case Number:</b>	CM15-0070064		
<b>Date Assigned:</b>	04/17/2015	<b>Date of Injury:</b>	10/17/2010
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	04/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/13/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 56-year-old who has filed a claim for chronic neck, low back, and knee pain reportedly associated with an industrial injury of October 17, 2010. In a Utilization Review report dated April 8, 2015, the claims administrator failed to approve request for cervical medial branch blocks and Lodine while apparently approving a request for tramadol. The claims administrator referenced a progress note of March 26, 2015 and a RFA form of April 1, 2015 in its determination. The claims administrator noted that the applicant had undergone earlier cervical medial branch blocks on August 28, 2014. The claims administrator based its decision on medial branch blocks on non-MTUS ODG Guidelines, it was incidentally noted. The applicant's attorney subsequently appealed. In a RFA form dated April 1, 2015, Lodine, tramadol, and confirmatory medial branch blocks were proposed. In an associated progress note dated March 26, 2015, the applicant reported ongoing complaints of neck pain, back pain, and hip pain, 7/10. The applicant's medications included Imitrex, Flector patches, tramadol, Lodine, and Klonopin, it was acknowledged. Lodine, tramadol, and drug testing were endorsed, along with the confirmatory cervical medial blocks in question. The applicant was no longer working, it was acknowledged, and had reportedly retired, it was suggested at age 56. The applicant was depressed. The attending provider stated that the applicant was able to perform certain activities of daily living, such as self-care. In an earlier note dated February 20, 2015, the applicant reported ongoing complaints of neck pain radiating into the right arm. The attending provider stated that the applicant's medications were beneficial in terms of affording the applicant's ability

performing light activities. Walking and standing remained problematic, however, the treating provider noted.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Cervical medial branch blocks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Facet Joint Injections.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

**Decision rationale:** No, the request for cervical medial branch blocks was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 181, diagnostic blocks such as the medial branch blocks at issue are deemed not recommended. Here, it is further noted that the applicant has already had one prior set of medial branch blocks in August 2014. It was not clearly established why repeat medial branch blocks were being sought. It was further noted that the applicant reported complaints of neck pain radiating into right arm on February 24, 2015, suggesting that the applicant's primary pain generator was, in fact, cervical radiculopathy as opposed to diskogenic or facetogenic neck pain for which the medial branch blocks at issue could be considered. Therefore, the request was not medically necessary.

**Etodolac:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

**Decision rationale:** Similarly, the request for etodolac (Lodine), an anti-inflammatory medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as etodolac (Lodine) do represent the traditional first-line treatment for various chronic pain conditions, including the chronic back pain reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant was no longer working, it was acknowledged, despite ongoing Lodine usage. The applicant had retired, it was stated, at age 56, despite ongoing Lodine usage. Ongoing usage of Lodine failed to curtail the applicant's dependence on opioid agents such as tramadol or benzodiazepine agents such as clonazepam. 7/10 pain with medication was reported

on March 26, 2015. The applicant reported that activities of daily living as basic as standing and walking remained problematic on February 20, 2015. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Lodine (etodolac). Therefore, the request was not medically necessary.