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| Case Number: | CM15-0093005 | | |
| Date Assigned: | 05/19/2015 | Date of Injury: | 03/01/2007 |
| Decision Date: | 06/25/2015 | UR Denial Date: | 04/24/2015 |
| Priority: | Standard | Application Received: | 05/14/2015 |

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: Arizona, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 48 year old female with a March 1, 2015 date of injury. A progress note dated February 17, 2015 documents subjective findings (neck pain radiating into the back of the head and into the right hand down to the fingers with numbness; history of occipital headaches since neck fusion; lower back pain radiating down the bilateral inner legs into the feet; average pain since last visit noted to be 8-9/10; poor sleep quality due to pain), objective findings (both cervical and lumbar spine paraspinal muscle tenderness and axial pain; mild tenderness to palpation of the cervical spine), and current diagnoses (thoracic/lumbosacral neuritis/radiculitis; degeneration of lumbar/lumbosacral intervertebral disc; cervical post laminectomy syndrome; spasm of muscle; lumbago; cervicocranial syndrome; cervicgia; unspecified myalgia and myositis). Treatments to date have included cervical spine fusion, radiofrequency ablation, medial branch block, medications, and imaging studies. The medical record identifies that medications help control the pain. The treating physician documented a plan of care that included Cymbalta, Gabapentin, Replax, Dilaudid, Nucynta, Chlorzoxazone, and radiofrequency ablation of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency ablation at C5, C6, C7 and T1: 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), Neck, Criteria for use of facet joint radiofrequency neurotomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175. Decision based on Non-MTUS Citation ODG and Neck pain and pg 27.

Decision rationale: According to the guidelines: Criteria for use of cervical facet radiofrequency neurotomy: 1. Treatment requires a diagnosis of facet joint pain. See Facet joint diagnostic blocks. 2. Approval depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, and documented improvement in function. 3. No more than two joint levels are to be performed at one time (See Facet joint diagnostic blocks). 4. If different regions require neural blockade, these should be performed at intervals of not sooner than one week, and preferably 2 weeks for most blocks. 5. There should be evidence of a formal plan of rehabilitation in addition to facet joint therapy. 6. While repeat neurotomies may be required, they should not be required at an interval of less than 6 months from the first procedure. Duration of effect after the first neurotomy should be documented for at least 12 weeks at 50% relief. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration). No more than 3 procedures should be performed in a year's period. In this case, the claimant had a prior cervical fusions. MRI reports indicate nerve root encroachment of C6. An ablation is followed by a diagnostic medical branch block. (MBB). An MBB should not be performed in those with fusion or impingement findings. In addition, the ACOEM guidelines, do not recommend invasive procedures due to their short-term benefit. The RF ablation of the cervical spine is not medically necessary.

Nucynta ER 150mg, QTY: 60: 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), Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Opioids such as Nucynta are not intended for mechanical or compressive etiologies. It has not been studied for long term use. The claimant had persistent 9/10 pain while on Nucynta and Percocet as well as muscle relaxants. Paid reduction with Nucynta was not identified. The claimant pain was a 6/10 in November 2010 indicating increasing pain and tolerance to medications. Continued and chronic use of Nucynta is not medically necessary.

Chlorzoxazone 500mg, QTY: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-66.

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

Decision rationale: Muscle relaxants recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Chloroxazone is a muscle relaxant. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. In this case, the claimant had been on muscle relaxants including Flexeril, Zanaflex and Soma in the past and failed. The claimant was place on CHloroxazone with several opioids. No one muscle relaxant is superior to another. Continued and chronic use of muscle relaxants is not medically necessary.