MAXIMUS Federal Services

| Case Number: | CM15-0097945 | | |
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| Date Assigned: | 05/29/2015 | Date of Injury: | 07/31/2009 |
| Decision Date: | 07/09/2015 | UR Denial Date: | 04/28/2015 |
| Priority: | Standard | Application Received: | 05/20/2015 |

## 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 58 year old female who sustained an industrial injury on 7/31/09 from a motor vehicle accident with neck injury and head trauma with no loss of consciousness. She had headaches, neck pain with radiation to the bilateral temples and bilateral occiput. She also had pain in the right 2nd finger and thumb, tinnitus and low back. She received cervical median branch nerve block of unknown benefit, low back injections with adverse reaction to steroids. For the tinnitus she was evaluated by ears, nose and throat specialist and the evaluation was negative. She currently complains of intermittent, bilateral achy, dull, stabbing neck pain with radiation to the right arm. There is bilateral upper extremity weakness and numbness. Lifting and carrying aggravate her symptoms and as a result she has limitations in performing activities of daily living and needs assistance with cooking, shopping and most housekeeping. She has sleep difficulties due to pain. On physical exam of the cervical spine she exhibits tenderness on palpation over the paraspinal muscles overlying the facet joints on both sides, trigger points noted over upper paraspinal muscles bilaterally, muscle spasms bilaterally over upper trapezius muscles with positive Lhermitte's sign. There was normal range of motion of the cervical spine, shoulder, elbow, wrist and hand. Medications were amlodipine, cyclobenzaprine, hydrocodone, and ibuprofen. Diagnoses include cervical spondylosis; tenosynovitis of the hand; carpal tunnel syndrome; chronic pain. Diagnostics include MRI of the cervical spine (9/26/09) showing moderate bilateral neural foraminal narrowing; x-ray of the right finger (8/2/09) shows 2nd joint osteoarthritis without evidence of fracture. In the progress note dated 11/25/14 the treating provider's plan of care includes a request for cervical rhizotomy as he is not convinced that the injured worker's pain is due to radiculitis and possibly due to cervical facetogenic pain. On 4/28/15 Utilization Review the request for ibuprofen 800 mg # 60 with 5 refills; hydrocodone 5 mg/ acetaminophen 325 mg # 120; orphenadrine citrate ER 100 mg with 5 refills and outpatient

cervical radiofrequency ablation C3, C5.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Pharmacy purchase of Ibuprofen 800mg #60 with 5 refills:** 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).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Anti-inflammatory medications Page(s): 22, 60.

**Decision rationale:** The patient was injured on 07/31/09 and presents with bilateral neck pain which radiates to the right arm. The request is for a Pharmacy Purchase of Ibuprofen 800 Mg #60 With 5 Refills. There is no RFA provided and the patient is on modified work duty. There are two reports provided from 11/25/14 and 02/03/15 and the report with the request is not provided. The patient has been taking this medication as early as 11/25/14. MTUS Chronic Pain Medical Treatment Guidelines, page 22 for Anti-inflammatory medications states: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. The patient has weakness in both upper extremity, numbness in the right upper extremity, diminished light touch sensation in a C6 right side dermatomal distribution, tenderness over the paraspinal muscles overlying the facet joints on both sides, trigger points over the upper paraspinal muscles on both sides, and 2+ muscle spasm noted over the upper trapezius muscles on both sides. She is diagnosed with cervical spondylosis, tenosynovitis of the hand, carpal tunnel syndrome, and chronic pain. None of the reports provided discuss how Ibuprofen has impacted the patient's pain and function. MTUS Guidelines page 60 states that when medications are used for chronic pain, recording of pain and function needs to be provided. Due to lack of documentation, the requested Ibuprofen is not medically necessary

**Pharmacy purchase of Hydrocodone 5mg/ Acetaminophen 325mg #120:** 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).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-78, 88-89.

**Decision rationale:** The patient was injured on 07/31/09 and presents with bilateral neck pain which radiates to the right arm. The request is for a Pharmacy Purchase Of Hydrocodone 5 Mg/ Acetaminophen 325 MG #120. There is no RFA provided and the patient is on modified work duty. There are two reports provided from 11/25/14 and 02/03/15 and the report with the request is not provided. The patient has been taking this medication as early as 11/25/14. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning

should be measured at 6-month intervals using a numerical scale or validated instrument. " MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. " The patient is diagnosed with cervical spondylosis, tenosynovitis of the hand, carpal tunnel syndrome, and chronic pain. None of the reports provided discuss how Hydrocodone/Acetaminophen has impacted the patient's pain and function. In this case, none of the 4 A's are addressed as required by MTUS Guidelines. There are no before and after medication pain scales, no examples of ADLs, which demonstrate medication efficacy, nor are there any discussions provided on adverse behavior/side effects. No validated instruments are used either. There are no pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures are provided as required by MTUS Guidelines. There are no urine drug screens provided to see if the patient is compliant with her prescribed medications. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Hydrocodone/Acetaminophen is not medically necessary.

**Pharmacy purchase of Orphenadrine Citrate ER 100mg #60 with 5 refills:** 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).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

**Decision rationale:** The patient was injured on 07/31/09 and presents with bilateral neck pain which radiates to the right arm. The request is for a Pharmacy Purchase of Orphenadrine Citrate Er 100 Mg #60 With 5 Refills. There is no RFA provided and the patient is on modified work duty. There are two reports provided from 11/25/14 and 02/03/15 and the report with the request is not provided. None of the reports provided discuss Orphenadrine. MTUS page 63, Muscle relaxants (for pain) states: Recommend non-sedating muscle relaxants with caution as a second- line option for short-term treatment of acute exacerbations in patients with chronic LBP. MTUS Guidelines do not recommend long-term use of muscle relaxants and recommend using it for 3 to 4 days for acute spasm in no more than 2 to 3 weeks. The patient has weakness in both upper extremity, numbness in the right upper extremity, diminished light touch sensation in a C6 right side dermatomal distribution, tenderness over the paraspinal muscles overlying the facet joints on both sides, trigger points over the upper paraspinal muscles on both sides, and 2+ muscle spasm noted over the upper trapezius muscles on both sides. She is diagnosed with cervical spondylosis, tenosynovitis of the hand, carpal tunnel syndrome, and chronic pain. In this case, there are no positive exam findings provided regarding the lower back, for which this medication is indicated for. Furthermore, the treater is requesting for 60 tablets with 5 refills of Orphenadrine which exceeds the 2 to 3 week limit recommended by MTUS guidelines. The requested Orphenadrine is not medically necessary.

**Outpatient cervical radiofrequency ablation C3, C5, C5:** 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Neck and Upper Back

(Acute & Chronic) Chapter, under Facet joint diagnostic blocks.

**Decision rationale:** The patient was injured on 07/31/09 and presents with bilateral neck pain which radiates to the right arm. The request is for an Outpatient Cervical Radiofrequency, Ablation C3, C5, C5. There is no RFA provided and the patient is on modified work duty. There are two reports provided from 11/25/14 and 02/03/15 and the report with the request is not provided. Review of the reports provided does not indicate if the patient had a prior cervical radiofrequency ablation. ODG-TWC, Neck and Upper Back (Acute & Chronic) Chapter, under Facet joint diagnostic blocks states: "Recommended prior to facet neurotomy (a procedure that is considered under study). Diagnostic blocks are performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Current research indicates that a minimum of one diagnostic block be performed prior to a neurotomy, and that this be a medial branch block (MBB). Criteria for the use of diagnostic blocks for facet nerve pain:Clinical presentation should be consistent with facet joint pain, signs & symptoms. 1. One set of diagnostic medial branch blocks is required with a response of 70%. The pain response should be approximately 2 hours for Lidocaine. 2. Limited to patients with cervical pain that is non- radicular and at no more than two levels bilaterally. 3. There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. 4. No more than 2 joint levels are injected in one session (see above for medial branch block levels). 8. 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. 9. The patient should document pain relief with an instrument such as a VAS scale, emphasizing the importance of recording the maximum pain relief and maximum duration of pain. The patient should also keep medication use and activity logs to support subjective reports of better pain control. 10. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated. 11. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. "For facet joint pain signs and symptoms, the ODG guidelines state that physical examination findings are generally described as: "1) axial pain, either with no radiation or severely past the shoulders; 2) tenderness to palpation in the paravertebral areas, over the facet region; 3) decreased range of motion, particularly with extension and rotation; and 4) absence of radicular and/or neurologic findings. "The patient has weakness in both upper extremity, numbness in the right upper extremity, diminished light touch sensation in a C6 right side dermatomal distribution, tenderness over the paraspinal muscles overlying the facet joints on both sides, trigger points over the upper paraspinal muscles on both sides, and 2+ muscle spasm noted over the upper trapezius muscles on both sides. She is diagnosed with cervical spondylosis, tenosynovitis of the hand, carpal tunnel syndrome, and chronic pain. ODG Guidelines state that radiofrequency ablation is Limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally. In this case, the patient has bilateral neck pain, which radiates to the right arm. Therefore, the requested radiofrequency ablation is not medically necessary.