

<b>Case Number:</b>	CM13-0009067		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	12/03/1997
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	07/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/09/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 53-year-old female who reported an injury on 12/03/1997 caused by an unknown-mechanism. On 02/08/2013 the injured worker underwent a radiofrequency ablation of the left C3-C7 medial branch nerves cervical facet denervation. It was noted the injured worker had tenderness to palpation over the facet joints with improvement of pain while unloading of the facet joint by forward flexion and worsening pain with extension and lateral bending. It was noted the injured worker had 2 positive fluoroscopically-guided lumbar median branch injections that provided 50% significant improvement but was short-lasting in pain and functional levels. On 02/21/2013 the injured worker complained of pain in the mid-thoracic area, around the T6-7 area wrapping across the chest wall bilaterally. It was noted the injured worker had improvement with her neck pain after RF denervation of the cervical facet joints. It was noted her pain level was at 8/10. The injured worker reports that she was depressed but denies suicidal ideation or a plan to contract her safety. On the physical examination it revealed tenderness to palpation of the cervical and thoracic paraspinal musculature with limited range of motion due to pain. The injured worker's medication included Venlafaxine ER 150mg, Omeprazole 20mg, Baclofen 20mg, Percocet 7.5mg, Ambien 12.5mg and Kadian 30mg. There was no VAS scale measurements documented for the injured worker. The diagnoses included thoracic spondylosis, lumbar radiculopathy, cervical spondylosis, lumbar spondylosis, lumbar degenerative disc disease, and myofascial pain syndrome and status post cervical fusion. The treatment plan included for a decision for Kadin, Percocet and radiofrequency denervation, left cervical facet joint. The request was not submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Kadian:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Long-Acting Opioids; On-Going Management Of Opioid Use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

**Decision rationale:** The request for medication Kadian is not medically necessary. Chronic Treatment Guidelines (MTUS) recommend continued use of an opiate for the treatment of moderate to severe pain, with documented objective evidence of functional benefit. The guidelines states that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also states that the pain assessment should include; current pain level; the last reported pain over the period since last assessment; average pain; intensity of pain after taking opioids; how long it takes for the pain relief; and how long pain relief lasts. The guidelines also state the four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or no adherent) drug-related behaviors. There was lack documentation of using the VAS scale to measure injured worker pain level and duration of pain while taking the opioid, there was no documented longevity reported of how long injured worker has been on the medication and no medical records submitted for review. Also, the frequency or duration of the medication was not included in the request. Given the above, the request Kadian is not medically necessary.

**Percocet:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Short-Acting Opioids, On-Going Management of Opioid Use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

**Decision rationale:** The request for Percocet is not medically necessary. Chronic Treatment Guidelines (MTUS) recommend continued use of an opiate for the treatment of moderate to severe pain, with documented objective evidence of functional benefit. The guidelines states that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also states that the pain assessment should include; current pain level; the last reported pain over the period since last assessment; average pain; intensity of pain after taking opioids; how long it takes for the pain relief; and how long pain relief lasts. The guidelines also state the four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or no adherent) drug-related behaviors. There was lack documentation

of using the VAS scale to measure injured worker pain level and duration of pain while taking the opioid, there was no documented longevity reported of how long injured worker has been on the medication and no medical records submitted for review. Also, the frequency or duration of the medication was not included in the request. Given the above, the request Percocet is not medically necessary.

**Radiofrequency denervation of the left cervical facet joint:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Facet Joint Radiofrequency Neurotomy.

**Decision rationale:** The ODG states that radiofrequency is under study. Conflicting evidence, which is primarily observational, is available as to the efficacy of this procedure and approval of treatment should be made on a case-by-case basis. Studies have not demonstrated improved function. A recent retrospective review was conducted on patients with diagnosed cervical facet syndrome (via controlled blocks) and found that 80% of patients had pain relief with a mean duration of 35 weeks per injection. The mean duration of relief was less at the C2-3 joint than at other levels, and was also less for patients on compensation (non-significant difference). Pain was not measured with a formal pain-rating instrument. This procedure is commonly used to provide a window of pain relief allowing for participation in active therapy. The guidelines also states that the criteria for use of the cervical radiofrequency requires a diagnosis of facet joint pain, evidence of adequate diagnostic blocks, documented improvement in the VAS score, documented improvement in functions, no more than two joint levels are to be performed at one time and there should be evidence of a formal plan of rehabilitation in addition to facet joint therapy. The diagnoses included thoracic spondylosis, lumbar radiculopathy, cervical spondylosis, lumbar spondylosis, lumbar degenerative disc disease, and myofascial pain syndrome and status post cervical fusion. The documents provided on 02/08/2013 did not indicate the levels that were injected, there was no mention of active functional improvement after the injured worker receives the cervical facet joint injection. In addition, there was lack of evidence of adequate diagnostic blocks, documented improvement in VAS score decreased medications there was documented evidence the injured worker was attending facet joint therapy. Therefore, the request for radiofrequency denervation of the left cervical facet joint is not medically necessary.