

<b>Case Number:</b>	CM13-0035240		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	06/28/2004
<b>Decision Date:</b>	04/23/2014	<b>UR Denial Date:</b>	09/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2013

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 patient is a 36-year-old female who reported an injury on 06/28/2004. The patient was reportedly injured when a box fell from a shelf and struck the patient on the back, head, and neck. The diagnoses included cervical spondylosis without myelopathy, displacement of cervical intervertebral disc without myelopathy, degeneration of cervical intervertebral disc and spasm of muscle. The patient's medication history included NSAIDs and antidepressants as of 2006 and Norco, Neurontin, Prilosec, and topical compounds as of early 2013. The patient had a medical branch radiofrequency neurotomy on 12/18/2012. It was indicated the patient had 50% relief of the cervical spine pain and decreased headache intensity, which lasted 6 months following the neurotomy at C4 through C6. Additionally, the patient was noted to be able to work full time. The patient's physical examination revealed that she had moderate left greater than right cervical facet joint tenderness at C3 through C7. The cervical compression test was positive. The plan was noted to include medication continuation with the exception of Celebrex, the signing of an opiate contract, CURES and UA were obtained. The request was made for modifications of daily work activities, physical therapy, and a C4-5 and C5-6 radiofrequency neurotomy bilaterally.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BILATERAL C4-5 AND C5-6 RADIOFREQUENCY NEUROTOMIES:** 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), Low Back Chapter, Facet joint radiofrequency neurotomy.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation ODG Official Disability Guidelines, Neck & Upper Back Chapter, Facet joint radiofrequency neurotomy

**Decision rationale:** ACOEM guidelines indicate that radiofrequency neurotomies and facet rhizotomy are optional for chronic regional neck pain as there is limited evidence that they may be effective in relieving or reducing cervical facet joint pain. Official Disability Guidelines indicates that facet joint radiofrequency neurotomies are under study. However, the criteria for use of cervical facet radiofrequency neurotomy include that the patient have a diagnosis of facet joint pain which is indicated by subjective unilateral pain that does not radiate past the shoulder and objective findings of axial neck pain with no radiation, tenderness to palpation in the paravertebral area (facet region), decreased range of motion with extension and rotation and the absence of radicular findings and/or neurologic findings. There should be evidence of a formal plan of rehabilitation in addition to facet joint therapy. The duration of effect after the first neurotomy should be documented for at least 12 weeks at ≥ 50% relief for a repeat neurotomy. The patient had pain relief of 50% lasting approximately 6 months. The clinical documentation submitted for review indicated the patient had tenderness to palpation in the paravertebral area and no radiation of axial neck pain. The patient had subjective complaints of pain radiating to the shoulder. There was a lack of documentation indicating the patient had decreased range of motion with extension and rotation. The patient had decreased sensation in the left ulnar nerve distribution distal to the elbow which was noted to be due to the elbow. Given the above, the request for bilateral C4-5 and C5-6 radiofrequency neurotomies is not medically necessary.

**PRILOSEC 20MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 69.

**Decision rationale:** California MTUS Guidelines recommend PPIs for the treatment of dyspepsia secondary to NSAID therapy. The duration the patient was on the medication was greater than 6 months. The clinical documentation submitted for review failed to indicate the efficacy of the requested medication. The request as submitted failed to indicate a quantity of medication being requested. Given the above, the request for Prilosec is not medically necessary.

**TOPICAL PAIN COMPOUND FORMULATION:** Upheld

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

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

**Decision rationale:** California MTUS indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The clinical documentation submitted for review failed to indicate the components of the topical analgesic. The patient was noted to be utilizing topical compounds since early 2013. There could be no application of specific Guidelines as there were no ingredients listed. The request as submitted failed to indicate the quantity of medication being requested. Given the above, the request for Topical Pain Compound Formulation is not medically necessary.

**A URINALYSIS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

**Decision rationale:** California MTUS Guidelines recommend urine drug screens for patients with documented issues of abuse, addiction, or poor pain control. The clinical documentation failed to indicate the patient had any of the above. The request as submitted failed to indicate the quantity of tests being requested. Given the above, the request for UA is not medically necessary.

**PHYSICAL THERAPY 3 X 6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** California MTUS Guidelines recommend physical medicine treatment for a maximum of 9 to 10 visits for myalgia and myositis. The clinical documentation submitted for review failed to indicate the patient had functional deficits to support the necessity for physical medicine. The patient's injury was noted to have been in 2004. The patient should be well versed in a home exercise program. Additionally, the request as submitted failed to indicate the body part the request was submitted to treat. Given the above, the request for physical therapy is not medically necessary.

**NORCO 5/325MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

**Decision rationale:** California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in the VAS score, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to provide documentation of the above. The patient was noted to be taking the medication since early 2013. Additionally, the request as submitted failed to indicate a quantity of medication being requested. Given the above, the request for Norco 5/325MG is not medically necessary.

**NEURONTIN 900MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 16.

**Decision rationale:** California MTUS Guidelines recommend anti-epileptic medications as a first line medication for the treatment of neuropathic pain. There should be documentation of an objective decrease in the VAS score and documentation of objective functional improvement. The patient had been on the medication for more than 6 months. There was a lack of documentation indicating the patient's functional benefit and a decrease in the VAS score. The request as submitted failed to indicate the quantity of medication being requested. Given the above, the request for Neurontin 900 mg is not medically necessary.

**AMITRIPTYLINE 50MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13.

**Decision rationale:** California MTUS Guidelines recommend antidepressants as a first line medication for the treatment of neuropathic pain. There should be documentation of an objective decrease in pain and objective functional improvement. The clinical documentation submitted for review indicated the patient had been on the medication since 2006. There was a lack of documentation of the efficacy of the requested medication and a lack of documentation indicating objective functional benefit as well as an objective decrease in the VAS score. The request as submitted failed to indicate the quantity of medication being requested. Given the above, the request for Amitriptyline 50mg is not medically necessary.

