

Case Number:	CM13-0036386		
Date Assigned:	01/03/2014	Date of Injury:	09/28/2010
Decision Date:	04/15/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/21/2013

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, has a subspecialty in Pain Medicine and is licensed to practice in California and Virginia. 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 53-year-old male who was injured on September 28, 2010. He made a claim of continuous trauma on September 28, 2010 because everything got worse including the headaches and pinched nerves. Prior treatment history has included previous conservative treatment, home exercise, physical therapy, non-steroidal anti-inflammatories, and an exercise program. He received chiropractic treatment and a neck block, which he feels, actually worsened his pain somewhat. The patient underwent cervical facet diagnostic block under C-arm fluoroscopy at the levels of C3-C4 and C4-C5 and the medial branches of C2, C3 and C4 on the right side. He underwent left knee surgery and is receiving post-operative therapy. Diagnostic studies reviewed Final Determination Letter for IMR Case Number [REDACTED] include a note dated December 06, 2012, which indicated cervical disc disease, C6-7, 2mm and cervical facet arthropathy, more on the right C3 to C6. A Pain Management Re-Evaluation dated May 02, 2013 revealed 2+ pain on palpation on the right cervical facet of C3 to C6 and 1+ on the left. There is moderate paracervical muscle spasm in the cervical facet, and the foraminal compression is positive on the right side. A Pain Management Re-Evaluation dated June 27, 2013 documented the patient to have complaints of continued pain in the neck, level of 4-5/10. He had low back pain rated at a level of 2/10; range of motion of the cervical spine is slightly decreased. There was pain on the facets of C3 to C6 on the right side, only mild tenderness on the left side. There was moderate paracervical muscle spasm. There was pain on palpation of the spinous processes of C6 and C7 on the midline; Spurling's test was negative; foraminal compression was positive on the right side; range of motion of the dorsolumbar spine was normal. An AME Neurology report dated August 22, 2013 indicated the patient was off work because he had a left knee surgery on May 13, 2013. There was no cervical paraspinous muscle spasm or tenderness. The

neck had a full range of motion. His back revealed tenderness inferiorly. A Pain Management Re-Evaluation dated December 12, 2013 documented the patient to have complaints of neck pain and exacerbation of low back pain. He continues to have neck pain that goes to a level of 5/10. He also reports that about 2-3 weeks ago, he had some exacerbation of his low back pain. He takes medications as prescribed. Objective findings on exam revealed range of motion of the cervical spine is slightly decreased in extension, lateral bending rotation. There is 1+ pain on the right cervical facet of C3 to C6. There is mild paracervical muscle spasm and foraminal compression is positive. His range of motion of the dorsolumbar spine is slightly decreased in lateral bending rotation. There is pain on L4-5, L5-S1, especially on the left side with facet loading being positive on the left more than right. There is muscle spasm from L2 to L5. His straight leg raise is negative; LasA`gue's's is negative; Patrick Fabere's is positive on the left. His deep tendon reflexes are 2+. The treatment plan indicates, in reference to his cervical facet arthropathy and the persistent symptoms, the facet block was performed at only two levels with 2% Lidocaine and there was two hours of pain relief more than 80%. There is no anticipation of surgical procedure at this time for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-6 AND C6-7 FACET BLOCKS: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)NECK, FACET JOINT DIAGNOSTIC BLOCKS PHYSICAL MEDICINE & REHABILITATION, 3RD EDITION, 2007. CHAPTER 38: TREATMENT OF COMMON NECK PROBLEMS, PAGES 801 - 824.

Decision rationale: According to the guidelines, cervical facet blocks are recommended prior to facet neurotomy, a procedure that is currently considered under study. Facet injections for therapeutic purposes are not recommended. For consideration of this procedure, certain criteria needs to be met, such as: the patient should document pain relief with an instrument such as visual analogue scale (VAS) scale and keep medication and activity logs to support subjective reports of better pain control. Final Determination Letter for IMR Case Number [REDACTED] The December 12, 2013 pain management report states the patient obtained two hours of pain relief of more than 80% from a cervical facet block procedure (date of procedure is not indicated). However, the medical records indicate the patient reported pain was somewhat worsened following cervical nerve blocks. In addition, the medical records do not demonstrate the patient documented pain relief with an instrument such as VAS scale and kept medication and activity logs to support a report of better pain control. Additionally, there is documentation of failure of conservative treatment (including home exercise, physical therapy and NSAIDs) for at least 4-6 weeks. The medical records do not establish the patient meets the criteria to proceed with the requested procedure. Therefore, the medical necessity of has not been established at this time.

KETOPROFEN AND GABAPENTIN COMPOUND: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: According to the California MTUS Guidelines, Topical Medication may be considered after failure of first line medication, which has not been established in the case of this patient. The California MTUS Guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. As per guidelines, Gabapentin is not recommended in topical formulations. There is no support to use gabapentin in a topical form. Ketoprofen is non-FDA regulated. There is no support to use this over the FDA regulated products. Therefore, the request is not supported as medically necessary. The medical necessity of Ketoprofen and Gabapentin compound is not established.