

<b>Case Number:</b>	CM13-0047365		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/08/1992
<b>Decision Date:</b>	04/29/2014	<b>UR Denial Date:</b>	10/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/01/2013

### 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 Interventional Spine 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:

This case involves a 63-year-old female with a 10/8/1992 industrial injury claim. She has been diagnosed with cervicgia; postlaminectomy syndrome in the upper cervical spine; and myofascial pain. According to the 9/11/13 pain management report from [REDACTED], the patient presents with chronic cervical pain. She has tried physical therapy (PT), acupuncture, biofeedback, TENS, massage, heat/ice, medications and injections. She had anterior cervical spine surgery in April 1999, which helped the headaches, but she still has neck and upper extremity pain. The surgeon states there are no options for further surgery and referred her for pain management. [REDACTED] notes she was taking levothyroxine, tradjenta, benazepril, amlodipine besylate and metformin. The physician recommended a trial Flector patch, Lidoderm patch, baclofen, Ultracin topical ointment, and requests right occipital nerve block with ultrasound guidance and bilateral cervical plexus block with ultrasound guidance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **BILATERAL SUPERFICIAL CERVICAL PLEXUS BLOCK WITH ULTRASOUND:**

Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://link.springer.com/chapter/10.1007>.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

**Decision rationale:** The patient presented with chronic neck pain and headaches. She has tried conservative care and underwent cervical fusion, and the surgeon states there are no further surgical options and referred the patient to pain management. The pain management physician requests a cervical plexus block under ultrasound guidance. There are no electrodiagnostic studies or exam findings provided to suggest the patient has a cervical plexus lesion. The MTUS/ACOEM guidelines indicate that injection procedures have no proven benefit in treating acute neck and upper back symptoms. The request is not in accordance with MTUS/ACOEM guidelines.

**(R) OCCIPITAL NERVE BLOCK WITH ULTRASOUND:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (<http://www.odg-twc.com/odgtwc/neck.htm#Greateroccipitalnerveblocktherapeutic>).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), ODG-TWC Guidelines, Head Chapter, Greater occipital nerve block (GONB).

**Decision rationale:** The patient presented with chronic neck pain and headaches. She has tried conservative care and underwent cervical fusion, and the surgeon states there are no further surgical options and referred the patient to pain management. The current pain management physician is requesting occipital nerve blocks with ultrasound guidance. According to the 7/1/13 record review by [REDACTED], the patient has tried occipital nerve blocks in the past, on 2/25/02 they were done with medial branch blocks, and on 8/8/02, [REDACTED] reported that the injections made her pain worse. The MTUS/ACOEM Guidelines indicate that invasive techniques, such as needle acupuncture and injection procedures, such as injection of trigger points, facet joints, corticosteroids, lidocaine, or opioids in the epidural space have no proven benefit in treating acute neck and upper back symptoms. The Official Disability Guidelines (ODG) do not recommend occipital nerve blocks, stating that they are experimental or under study. The ODG also indicates that a recent study has shown that greater occipital nerve block (GONB) is not effective for the treatment of chronic tension headache. The request is not in accordance with the guidelines.

**FLECTOR PATCH:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.flectorpatch.com/index.aspx](http://www.flectorpatch.com/index.aspx).

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

**Decision rationale:** The patient presented with chronic neck pain and headaches. The Flector patch is a diclofenac patch, which is a non-steroidal anti-inflammatory drug (NSAID) in topical form. The Chronic Pain Guidelines indicate that topical NSAIDs are indicated for osteoarthritis of the knees, elbows or other joints that are amenable to topical treatment. The guidelines specifically indicate that "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." The use of the topical NSAID/Flector patch over the cervical spine is not in accordance with the guidelines.

**LIDODERM PATCH:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

**Decision rationale:** The patient presented with neck pain and headaches. There not enough information documented the medical reports to make an informed decision. The Chronic Pain Guidelines indicate that the criteria for Lidoderm patches states that there must be evidence of a trial of first line treatment such as TCA, SNRI or AED. The medical report from [REDACTED] states the patient has tried various medications and injections, but does not state what the medications were, or if any were TCA, serotonin-norepinephrine reuptake inhibitor (SNRI) or anti-epileptic drugs (AEDs). The guidelines also indicate that for Lidoderm patches, "Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia." The guidelines do recommend these medications for chronic neuropathic pain disorders other than post-herpetic neuralgia. The medical records provided for review does not show evidence that the patient suffers from post-herpetic neuralgia. The request is non-certified.

**BACLOFEN 10MG:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The patient presented with neck pain and headaches. The physician recommended a trial of baclofen for muscle spasms. The Chronic Pain Guidelines indicate that "Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility." The guidelines also indicate that "Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain (trigeminal neuralgia, non-FDA approved)." The request appears to be in accordance with MTUS guidelines.

**UTRACIN TOPICAL OINTMENT:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation <http://dailymed.nlm.nih.gov/dailymed>.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals, and Topical analgesics Page(s): 105, 111-113.

**Decision rationale:** The patient presented with headaches and neck pain. Ultracin is a compound topical containing: Methyl salicylate 28%; menthol 10%; and capsaicin 0.025%. The patient is reported to have tried conservative care, therapies, injections, and underwent cervical fusion, and had postoperative conservative care. The request appears to meet the Chronic Pain Guidelines criteria for capsaicin, and the percentage of capsaicin in Ultracin is in accordance with the guidelines on capsaicin for osteoarthritis. The guidelines also has support for methyl salicylate and menthol. The guidelines show Ben-gay as an example, which is menthol with methyl salicylate. All components of the compound topical appear to be in accordance with the guidelines. The Ultracin is in accordance with MTUS guidelines.