

<b>Case Number:</b>	CM13-0058587		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	09/28/2010
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	11/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/27/2013

### 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. 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 is a patient with a date of injury of 9/28/10. A utilization review determination dated 11/19/13 recommends non-certification of Ketoprofen/Gabapentin compound, radiofrequency facet ablation, and facet blocks. It referenced a 10/17/13 medical report identifying neck and back pain 5/10. On exam, there is limited cervical ROM and tenderness at the facets with muscle spasm. Foraminal compression and axial compression are positive. The 8/1/13 operative report notes that facet blocks were performed at C3-4 and C4-5 and medial branches of C2, C3, and C4 on the right under monitored anesthesia care. The 0.5 cc of 2% lidocaine plus 1.5 mg of betamethasone was injection into the cervical facet joint at the level of the middle branch. The patient reported 80% decrease of the neck pain after the procedure. The patient also underwent manipulation under anesthesia by a chiropractor after the block.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued use of Ketoprofen/Gabapentin compound:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-113 of 127.

**Decision rationale:** Regarding the request for Ketoprofen/Gabapentin compound, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Topical Ketoprofen is "not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis." Gabapentin is not supported by the CA MTUS for topical use. Within the documentation available for review, none of the above mentioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. In light of the above issues, the requested Ketoprofen/Gabapentin compound is not medically necessary.

**Radiofrequency facet ablation at the right C5-C6 and C6-C7:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) OCCUPATIONAL MEDICINE PRACTICE GUIDELINES, Page 174 Official Disability Guidelines (ODG), Neck Chapter, Facet joint diagnostic blocks, Facet joint pain, signs & symptoms, Facet joint radiofrequency neurotomy

**Decision rationale:** Regarding the request for radiofrequency ablation, Occupational Medicine Practice Guidelines state that there is limited evidence the radiofrequency neurotomy may be effective in relieving or reducing cervical facet joint pain among patients who had a positive response to facet injections. ODG recommends diagnostic injections prior to consideration of facet neurotomy. The criteria for the use of radiofrequency ablation includes one set of diagnostic medial branch blocks with a response of greater than or equal to 70%, limited to patients with cervical pain that is non-radicular, and documentation of failed conservative treatment including home exercise, physical therapy, and NSAIDs. They also note that, for medial branch blocks, no pain medication from home should be taken for at least 4 hours prior to the diagnostic block and for 4 to 6 hours afterward, opioids should not be given as a "sedative" during the procedure, and 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. 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. Within the documentation available for review, it appears that the procedure included intraarticular facet joint blocks rather than the medial branch blocks recommended prior to radiofrequency ablation. Additionally, it appears that sedation was used during the procedure and it is also noted that a chiropractor performed a manipulation under anesthesia directly following the blocks, which could make it difficult or impossible to determine which of the procedures resulted in pain relief to the patient, thus compromising the diagnostic validity of the procedure. Finally, there is no

documentation of well-documented pain relief as well as logs of medication use and activity to support subjective reports of better pain control as recommended by ODG. In light of the above issues, the currently requested radiofrequency ablation is not medically necessary.