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| <b>Case Number:</b>   | CM13-0070229 |                              |            |
| <b>Date Assigned:</b> | 01/03/2014   | <b>Date of Injury:</b>       | 05/22/2003 |
| <b>Decision Date:</b> | 05/28/2014   | <b>UR Denial Date:</b>       | 12/18/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/24/2013 |

### 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, 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 injured worker is a 60-year-old female who reported an injury on 05/22/2003. The mechanism of injury was repetitive motion trauma. The documentation of 2012 revealed that the injured worker was on opiates, muscle relaxants, PPIs, and antidepressants. The documentation of 12/03/2013 revealed the injured worker had completed physical therapy and had right sided neck pain. It was indicated the injured worker had a positive diagnostic dorsal medial branch block, but never received the radiofrequency ablation. The medications included Norco 10/325 five per day, Baclofen 20 mg daily, and Percocet 10/325 one at bedtime as needed. The diagnosis included right sided neck pain. The plan included a 2 month supply of medications Norco 10/325 #300, Baclofen 20 mg #60, and a written prescription for Percocet 10/325 #30 with a second prescription do not fill until 01/03/2014. The plan included a right cervical C4, C5, and C6 radiofrequency ablation. It was indicated the injured worker had a positive block in 10/2012. The radiofrequency ablation had been denied. It was opined since the injured worker had surgical repair of the right shoulder this was no longer an issue. The injured worker continued to have right sided neck pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT C4, C5, C6 RADIOFREQUENCY ABIATION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 300-301. Decision based on Non-MTUS Citation Neck and Upper Back Chapter, Criteria for use of Cervical Facet 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 Official Disability Guidelines (ODG) 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 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. They further indicate that approval depends on variables such as evidence of adequate diagnostic blocks, documented improvement in pain, and documented improvement in function. No more than two joint levels should be injected one time. Additionally, there should be evidence of a formal plan of rehabilitation in addition to facet joint therapy. The clinical documentation submitted for review indicated the injured worker had a prior medial branch block and had a positive response. However, there was lack of documentation of an objective improvement in pain, and a documented improvement in function. The clinical documentation failed to indicate the level of the previous injection. The objective findings included the injured worker had axial neck pain with no radiation. It was indicated the injured worker had increased tenderness to the right cervical paraspinal muscles. However, there was lack of documentation of decreased range of motion with extension and rotation, and the absence of radicular findings and/or neurological findings. There was no sensory examination submitted for review to indicate the absence of radicular findings. There was lack of documentation indicating the injured worker had a formal plan of rehabilitation in addition to facet joint therapy. Given the above, the request for right C4, C5, and C6 radiofrequency ablation is not medically necessary.

**NORCO 10/325 MG #300:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 60,78. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , MEDICATIONS FOR CHRONIC PAIN; ONGOING MANAGEMENT, 60; 78

**Decision rationale:** California Medical Treatment Utilization Schedule recommends opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, objective decrease in pain, and documentation the injured worker is being

monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication since 2012. There is lack of documentation of the above criteria. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Norco 10/325 mg #300 is not medically necessary.

**BACLOFEN 20MG #60 DISPENSED ON 12/3/13: 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 Muscle Relaxants Page(s): 63.

**Decision rationale:** California Medical Treatment Utilization Schedule recommends muscle relaxants as a second line option for the treatment of short term acute pain and the recommendation is for use less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for 11 months. There is lack of documentation of objective functional improvement. The clinical documentation failed to indicate the injured worker had muscle spasms to support the necessity for muscle relaxant. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Baclofen 20 mg #60 dispensed on 12/03/2013 is not medically necessary.

**PERCOCET 10/325 MG #60 DISPENSED ON 12/3/13: 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 Ongoing Management Page(s): 60,78.

**Decision rationale:** California Medical Treatment Utilization Schedule recommends opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication since 2012. There is lack of documentation of the above criteria. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Percocet 10/325 mg #60 is not medically necessary.