

Case Number:	CM13-0070254		
Date Assigned:	01/03/2014	Date of Injury:	02/13/2002
Decision Date:	04/23/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	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 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:

The injured worker is a 40-year-old male with a date of injury of February 13, 2002. The patient carries diagnoses of cervical facet arthropathy, chronic neck pain, and arm pain. The patient has previously undergone cervical neurotomy procedures to control neck symptoms, with the last procedure performed in December 2012. The patient is on pain medications including Norco, Voltaren, and gabapentin for pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

RADIOFREQUENCY NEUROTOMY BILATERALLY AT C4, C5, C6, C7 AND C8:

Upheld

Claims Administrator 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, Neck and Upper Back (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175, Chronic Pain Treatment Guidelines Page(s): 4. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter, Radiofrequency Ablation

Decision rationale: The California MTUS Guidelines do not specifically address radiofrequency neurotomy. Per the Official Disability Guidelines, cervical facet joint radiofrequency neurotomy is under study. Conflicting evidence, which is primarily observational, is available as to the efficacy of this procedure and approval of treatment should be made on a case-by-case basis. In a procedure note on date of service December 14, 2012, a bilateral C4 to C8 medial branch neurotomy was performed. The patient immediately reported 80% relief after the procedure. An updated progress report by the requesting physician for the neurotomy on date of service November 14, 2013, indicates that the patient was improved in terms of increase motion of his neck, and had about 60 or 70% decrease in pain from the cervical neurotomy. It is noted that in the past month his neck has become much more painful and also quite stiff. In this case, the guideline criteria for cervical facet radiofrequency neurotomy have been met. Therefore, the requested services are medically necessary and appropriate.

NORCO 10/325MG #240 WITH 3 REFILLS: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Medical Guidelines state the following criteria for the ongoing use of opioids, including: ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The criteria also include the 4 A's for ongoing monitoring (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The injured worker in this case does not have documentation of monitoring for aberrant behaviors or functional benefit from narcotic medications. There is no documentation of a change in work status or other objectives of functional improvement. Therefore, there requested Norco is not medically necessary or appropriate at this time.

NEURONTIN 300MG #90 WITH 3 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-19.

Decision rationale: The Chronic Pain Medical Treatment Medical Guidelines state that Gabapentin (Neurontin®) has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia. It has also been considered as a first-line treatment for neuropathic pain. This patient does not have a diagnosis of cervical radiculopathy, and any evidence of cervical radiculopathy is inadequately documented in the progress notes and on physical examination with provocative maneuvers or neurologic testing. This patient's sensory

and motor testing are noted to be intact. Therefore, the requested Neurontin is not medically necessary at this time.