

Case Number:	CM14-0108473		
Date Assigned:	08/01/2014	Date of Injury:	10/15/1998
Decision Date:	08/29/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/12/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 54 year old male who was injured on 1/30/98, 10/15/98, 4/5/2000, and 1994 to 7/27/2000. He was diagnosed with cervical spondylosis and neck pain. He was treated with oral medications and cervical right-sided radiofrequency ablation. On 6/13/14, the worker was seen by his pain specialist, complaining of bilateral neck pain with sharp, pins and needles sensations, rated at a 9/10 on the pain scale. He reported using hydrocodone, acetaminophen, ondansetron, meloxicam, tizanidine, Terocin, and Ultram to help treat his pain. Physical examination revealed cervical facet loading tenderness/pain (no specific location documented), and normal sensation to soft touch and temperature. He was then given a medial branch radiofrequency ablation procedure on the right side (no specific location noted), and recommended a left-sided cervical medial branch radiofrequency ablation procedure to be done at his next appointment. His medications were then refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency Ablation Left C4-C6: 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 (ODG) - Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back section, Facet joint radiofrequency neurotomy.

Decision rationale: The MTUS does not sufficiently address cervical facet radiofrequency ablation. The ODG, however, does state that it is currently under study, and the evidence is conflicting. Studies have not demonstrated improved function. It is not recommended for treating cervicogenic headaches. There is also a risk to the patient for potentially developing a centralized pain syndrome as a complication of this procedure. However, it may be considered for certain individuals. The criteria for consideration of this procedure includes: 1) treatment requires a diagnosis of facet joint pain, 2) it requires adequate diagnostic blocks and documented improvement in pain and function from the block, 3) no more than two joint levels are to be performed at one time, 4) if different levels require blockade, then these should be performed at intervals no sooner than 1-2 weeks, 5) documented evidence of a formal plan of rehabilitation, 6) repeat neurotomies should not be done within 6 months of any prior neurotomy, and documentation of effect of the first neurotomy is required for at least 12 weeks, and no more than 3 procedures are recommended in a given year. In the case of this worker, the requested procedure (left-sided cervical radiofrequency) was not preceded by any diagnostic block, according to the notes provided for review, which is essential before any consideration of this procedure. Therefore, without fulfilling the criteria listed above, it is not medically necessary.

Terocin Lotion, #2 bottles: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine, topical, Capsaicin, topical, Salicylate topical.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Lidocaine Page(s): 112.

Decision rationale: Terocin is a topical analgesic combination product that includes methyl salicylate, capsaicin, menthol, and lidocaine hydrochloride. The MTUS Guidelines for Chronic Pain state that topical lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, Serotonin-norepinephrine reuptake inhibitor (SNRI) antidepressants, or an anti-epileptic drug (AED) such as gabapentin or Lyrica). Topical lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. In the case of this worker, he was experiencing what seemed to be neuropathic pain; however, it is not documented in the notes provided for review whether or not he had trialed first-line therapy first. Also, there is no documentation of functional changes or pain changes with Terocin use. Therefore, the Terocin is not medically necessary.

Tizanidine HCL 4mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine, Muscle Relaxants (for pain).

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

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond non-steroidal anti-inflammatory drug (NSAID) use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. The worker in this case had been taking this medication at least for many months, which is not recommended. Therefore, the tizanidine is not medically necessary.