

<b>Case Number:</b>	CM14-0011628		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	06/30/2011
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	01/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2014

### 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 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:

The patient is a 45-year-old female with a date of injury of 06/30/2011. The listed diagnoses per [REDACTED] are: 1. Cervical facet arthropathy. 2. Occipital neuralgia. 3. Myofascial pain syndrome. 4. Encounter for therapeutic drug monitoring. According to 01/10/2014 progress report by [REDACTED], the patient presents with neck pain on the right side that radiates to the right shoulder and between the shoulder blades. The pain is 5/10 on a visual analog scale. The patient underwent a bilateral occipital nerve block and reports "moderate pain relief." Examination of the cervical spine revealed straightening of the spine with loss of normal cervical lordosis. Range of motion is restricted with extension to 30 degrees and right lateral bending to 30 degrees. There is paravertebral tenderness and trigger point is noted on the right side. Cervical facet loading is positive on the right and negative on the left. Treater states that patient has symptoms that may indicate that the primary source of pain is facet arthropathy. Medial branch blocks may be helpful in terms of diagnostic as well as therapy. The treater requests "cervical medial branch block right C4, C5, C6 fluoroscopic guidance" and Dendracin lotion. Utilization review denied the request on 01/15/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DENDRACIN LOTION 0.0375-30-10% #120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Dendracin lotion Page(s): 111.

**Decision rationale:** This patient presents with continued neck pain and headaches. The treating physician is requesting a refill of Dendracin lotion. Dendracin lotion is a compound topical cream that includes methyl salicylate 30%, capsaicin 0.025%, and menthol 10%. The MTUS Guidelines page 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Furthermore, topical NSAIDs, in this case salicylate, is only recommended for peripheral joint arthritis and tendinitis pain. This patient does not present with such diagnosis and suffers from chronic neck pain. Therefore, the request is not medically necessary.

**CERVICAL MEDIAL BRANCH BLOCK RIGHT C4, C5, C6:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175, 181.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), guidelines also support facet diagnostic evaluations for patient's presenting with paravertebral tenderness with non-radicular symptoms.

**Decision rationale:** This patient presents with constant right-sided neck pain that radiates to the right shoulder and between the shoulder blades. The treating physician is requesting a cervical medial branch block, right C4, C5, and C6. Utilization review denied the request stating, "Evidence guidelines suggest that use of such injections have no proven benefit in treating neck pain." ACOEM Guidelines do not support facet injections for treatments, but does discuss dorsal median branch blocks as well as radio-frequency ablations on page 300 and 301. ODG guidelines also support facet diagnostic evaluations for patient's presenting with paravertebral tenderness with non-radicular symptoms. In this case, the treater is requesting a diagnostic medial branch block. The patient meets the criteria for this procedure. The request is medically necessary.

**FLUOROSCOPIC GUIDANCE:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175,181.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), guidelines also

support facet diagnostic evaluations for patient's presenting with paravertebral tenderness with non-radicular symptoms.

**Decision rationale:** This patient presents with constant right-sided neck pain that radiates to the right shoulder and between the shoulder blades. The treating physician is requesting a cervical medial branch block, right C4, C5, and C6 with fluoroscopic guidance. Utilization review denied the request stating, "Evidence guidelines suggest that use of such injections have no proven benefit in treating neck pain." ACOEM Guidelines do not support facet injections for treatments, but does discuss dorsal median branch blocks as well as radio-frequency ablations on page 300 and 301. ODG guidelines also support facet diagnostic evaluations for patient's presenting with paravertebral tenderness with non-radicular symptoms. In this case, the treater is requesting a diagnostic medial branch block. The patient meets the criteria for this meidal branch block and fluoroscopic guidance procedure. The request is medically necessary.