

<b>Case Number:</b>	CM14-0050656		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	12/19/2003
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	03/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & Rehabilitation and Pain Management, 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 Physician 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 50 year old male with an injury date on 12/19/2003. Based on the 02/28/2014 progress report provided by [REDACTED] the diagnoses are: Cervicalgia. Exam on 02/28/2014 showed cervical paraspinal tenderness bilaterally, rotation pain at 45 degrees bilaterally, extension pain at 20 degrees, tender to palpate and tightness at trapezius and rhomboid muscles bilaterally. [REDACTED] is requesting a repeat bilateral Cervical Rhizotomy at C4-C7 and Neurotin 600mg #180. The utilization review determination being challenged is dated 03/19/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 10/07/2013 on 02/28/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurontin 600mg #180:** 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 Gabapentin Page(s): 18, 19.

**Decision rationale:** This injured worker presents with neck pain, post cervical rhizotomy of C4-C7, pain now is at 8/10. The treating provider has asked for Neurontin 600mg #180. The MTUS Guidelines pages 18-19, has the following regarding Gabapentin: "Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered a first-line treatment for neuropathic pain." In this case, medical records do not document numbness and tingling in the neck and upper extremity. The treating provider does not provide any documentation as to how the medication is tolerated and beneficial for the injured worker's symptoms. The MTUS requires, "The patient should be asked at each visit as to whether there has been a change in pain or function. Combination therapy is only recommended if there is no change with first-line therapy, with the recommended change being at least 30%." In this case, the injured worker has been prescribed Neurontin since 08/23/2013. Subsequent reports dated 01/03/2014, 01/31/2014, and 02/28/2014 have no discussions on how the medication is tolerated and beneficial for the injured worker's "overall pain relief." Given the lack of appropriate assessment, recommendation is for denial and the request is not medically necessary.

**C4-C7 Bilateral Cervical Rhizotomy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** This injured worker presents with neck pain, post cervical rhizotomy of C4- C7, pain now is at 8/10. The treating provider has asked for a repeat cervical rhizotomy at C4- C7 bilateral on 02/28/2014. According to the treating provider, the "patient had excellent relief of the axial cervical pain from prior rhizotomy done well over a year ago. Generally the nerve will regenerate after 9-12 months which would lead to the reasoning for the return pain. At this time it would be reasonable to repeat the rhizotomy. " Review of the report shows the injured worker had a bilateral cervical rhizotomy at C4-C7 on 8/06/2012, which provided 70% relief of pain. There was an "increased dosage on the neurontin several visits ago for better overall pain relief." According to the ACOEM guidelines, page 174, incidentally notes under foot note: "There is limited evidence that RF (radiofrequency) neurotomy may be effective in relieving or reducing cervical facet joint pain among patients who had a positive response to facet injections. Lasting relief (eight to nine months, on average) from chronic neck pain has been achieved in about 60% of cases across two studies, with an effective success rate on repeat procedures, even though sample sizes generally have been limited (n=24,28)." For further discussion, the ODG Guidelines indicate for RF ablation, "approval of repeat neurotomies depends on variables such as evidence of adequate diagnosis blocks, documented improvement in VAS (visual analog scale) score, decreased medication and documented improvement in function." However, a thorough review of progress reports from 09/04/2013 to 02/28/2014, does not document decreased pain level such as VAS, but mentioned medication dosage increase to "overall relieve pain." The ODG requires documentation of improved VAS score and decrease in medication to warrant a repeat injection. Furthermore, the treating provider is requesting injections for levels C4-C7. The ODG does not allow for more than 2 level injections at a time. Recommendation is for denial as the request is not medically necessary.