

<b>Case Number:</b>	CM14-0071540		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	11/07/2007
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	04/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/16/2014

### 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 and is licensed to practice in New York. 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 67-year-old male who reported an injury on 11/07/2007. The mechanism of injury was lifting of heavy equipment. His diagnoses include chronic pain syndrome, cervical postlaminectomy syndrome, cervical spondylosis with myelopathy, and unspecified myalgia and myositis. His past treatments include physical therapy, chiropractic therapy and a single epidural steroid injection. The diagnostic studies include an MRI of the cervical spine on 01/10/2008, which revealed disc osteophyte complex at C3-4, C4-5, and C5-6 levels with neural foraminal narrowing. His surgical history includes radiofrequency lesioning of the medial branches of the posterior ramus at the right C4 and C5; right radiofrequency at C4 and C5 on 07/16/2012; right radiofrequency at C4 and C5 on 11/20/2011; and radiofrequency lesioning of the right C4 and C5 medial branch nerves on 01/13/2011. On 04/03/2014, the injured worker presented with bilateral neck pain of 7/10 with stiffness. He also reported that his pain and sleep pattern was worse and that his functionality had remained the same. Objective findings revealed restricted range of motion in the cervical spine with bilateral tenderness to palpation. He was also noted to have a bilaterally positive facet loading test. Current medications include Norco, baclofen, Senokot, and Opana ER. The treatment plan was noted to include continuation of previously prescribed medications, a discussion of the 4 A's for ongoing monitoring opioid medications, a discussion of narcotic agreement compliance, and obtaining an authorization for a repeat radiofrequency lesioning of the right C4 and C5 medial branches as the injured worker had received 50% of relief for 12 weeks with previous radiofrequency lesioning procedures. A request was received for baclofen 10 mg #60, Opana ER 10 mg, and a repeat radiofrequency lesioning of the medial branches. A rationale for the medications was not provided. A Request for Authorization form was not submitted for review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Baclofen 10 mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen Page(s): 64.

**Decision rationale:** The request for baclofen 10 mg #60 is not medically necessary. The California MTUS Guidelines recommend baclofen for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. There was insufficient documentation of a diagnosis of multiple sclerosis or a recent spinal cord injury. Although the injured worker was noted to be taking baclofen previously, there was insufficient documentation of quantified pain relief and objective functional improvement. Additionally, the request, as submitted, failed to indicate the frequency in which the medication was prescribed. Therefore, in the absence of this documentation, the request is not supported by the evidence-based guidelines. As such, the request for baclofen 10 mg #60 is not medically necessary.

**Opana ER 10 mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**Decision rationale:** The request for Opana ER 10 mg is not medically necessary. The California MTUS Guidelines recommend documented monitoring for ongoing use of opioids should include pain relief, side effects, physical and psychosocial functioning and the occurrence of any potential aberrant drug related behaviors. The documentation submitted did indicate a discussion of the 4 A's for ongoing monitoring of opioid use, the injured worker reporting no side effects, and a discussion of a narcotic agreement. However, there was insufficient documentation of quantified pain relief, a urine drug screen to monitor for medication compliance and illicit drug use, and a lack of documentation regarding the narcotic agreement. Furthermore, the request did not indicate the frequency at which the medication was prescribed. Therefore, in the absence of this documentation, the request is not supported by the evidence based guidelines. As such, the request for Opana ER 10 mg is not medically necessary.

**Repeat radiofrequency lesioning of medial branches:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC Neck & Upper Back Procedure Summary

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Facet joint radiofrequency neurotomy

**Decision rationale:** The request for repeat radiofrequency lesioning of medial branches is not medically necessary. According to the California MTUS/ACOEM Guidelines, there was limited evidence of radiofrequency neurotomy efficacy in relieving cervical facet joint pain. More specifically, the Official Disability Guidelines state facet joint radiofrequency neurotomy is currently under study and studies have not demonstrated improved function. Additionally, the criteria for repeat cervical facet radiofrequency neurotomy include documented pain relief of 50% for at least 12 weeks. The documentation indicates the injured worker received over 50% relief from previous radiofrequency lesioning procedures for at least 12 weeks. However, there was insufficient documentation to show evidence of objective function improvement. Therefore, in the absence of this documentation, the request is not supported by the evidence based guidelines. As such, the request for repeat radiofrequency lesioning of medial branches is not medically necessary.