

<b>Case Number:</b>	CM14-0078614		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	10/24/2010
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	05/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2014

### 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 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 records presented for review indicate the injured worker is a 53 year old male injured on 10/24/10 due to being attacked by a patient. The most recent Primary Treating Physician's Progress Report dated 07/31/14, indicate the injured worker complains of increased cervical pain due to facet disease limiting activities of daily living, sleeping, and driving. The injured has increased usage of Norco. The neck pain is described as dull/aching, throbbing, numbness, electrical/shooting, weakness, spasm. Pain rated as 4/10 on the visual analog scale on a good day and 10/10 on the visual analog scale on a bad day. Pain treatments have included pain medication, transcutaneous electrical nerve stimulation (TENS) unit, and psychiatrist. Diagnoses include hypogonadism, lumbar spine stenosis, lumbar radiculopathy, gastroparesis, neck strain/sprain, facet cervical arthropathy, cubital tunnel syndrome, thoracic spine degenerative disc disease, and cervical spine degenerative disc disease. Medications include Norco 10/325, Androgel pump 20.25mg/act, Lidoderm 5% patch, Lexapro, Klonopin 0.5, and Ambien 10mg. Orders were written for the injured worker to undergo physical therapy. The injured worker has been rendered Permanent and Stationary. The prior utilization review dated 05/15/14, denied requests for Bilateral Radiofrequency Ablation (RFA) at levels C5, C6, and C7 and modified request for Norco 10/325mg QTY: 300.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg QTY: 300:** 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 Hydrocodone Page(s): 91, 74.

**Decision rationale:** Norco (Hydrocodone + Acetaminophen) is indicated for moderate to severe pain. It is classified as a short-acting opioids, often used for intermittent or breakthrough pain. The medical records do not establish failure of non-opioid analgesics, such as NSAIDs or acetaminophen, and there is no mention of ongoing attempts with non-pharmacologic means of pain management. There is no documentation of any significant improvement in pain level or function with prior use to demonstrate the efficacy of this medication. The medical documents do not support continuation of opioid pain management. Therefore, the medical necessity for hydrocodone has not been established based on guidelines and lack of documentation.

#### **C5 Bilateral Radiofrequency Ablation: Upheld**

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

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

**Decision rationale:** Per the ODG, criteria for cervical facet radiofrequency (RF) neurotomy include: Diagnosis of facet joint pain (non-radicular pain, documentation of trial and failure of conservative treatment with physical therapy, NSAIDs, etc. of at least 4-6 weeks); evidence of adequate diagnostic block with documentation of improvement in visual analog scale (VAS) and function; No more than two joint levels are to be performed at one time; different regions should be performed of no sooner than one to two weeks apart; formal plan of rehabilitation in addition to RF, repeat neurotomies should not be performed less than 6 months from the first procedure, with duration of the effect after the first neurotomy documented for at least 12 weeks at least 50% or more relief. In this case, there is little to no clinical evidence of facet pain. There is no documentation of a trial and failure of conservative treatment such as physical therapy. There is no record of adequate diagnostic block with documented improvement in VAS and function. Therefore, the above guidelines are not met and thus the medical necessity of the requested service is not established.

#### **C6 Bilateral Radiofrequency Ablation: Upheld**

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

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

**Decision rationale:** Per the ODG, criteria for cervical facet radiofrequency (RF) neurotomy include: Diagnosis of facet joint pain (non-radicular pain, documentation of trial and failure of conservative treatment with PT, NSAIDs, etc. of at least 4-6 weeks) ; evidence of adequate diagnostic block with documentation of improvement in VAS and function; No more than two joint levels are to be performed at one time; different regions should be performed of no sooner than one to two weeks apart; formal plan of rehabilitation in addition to RF, repeat neurotomies should not be performed less than 6 months from the first procedure, with duration of the effect after the first neurotomy documented for at least 12 weeks at least 50% or more relief. In this case, there is little to no clinical evidence of facet pain. There is no documentation of trial and failure of conservative treatment such as physical therapy. There is no record of adequate diagnostic block with documented improvement in VAS and function. Therefore, the above guidelines are not met and thus the medical necessity of the requested service is not established.

**C7 Bilateral Radiofrequency Ablation:** Upheld

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

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

**Decision rationale:** Per the ODG, criteria for cervical facet radiofrequency (RF) neurotomy include: Diagnosis of facet joint pain (non-radicular pain, documentation of trial and failure of conservative treatment with PT, NSAIDs, etc. of at least 4-6 weeks) ; evidence of adequate diagnostic block with documentation of improvement in VAS and function; No more than two joint levels are to be performed at one time; different regions should be performed of no sooner than one to two weeks apart; formal plan of rehabilitation in addition to RF, repeat neurotomies should not be performed less than 6 months from the first procedure, with duration of the effect after the first neurotomy documented for at least 12 weeks at least 50% or more relief. In this case, there is little to no clinical evidence of facet pain. There is no documentation of trial and failure of conservative treatment such as physical therapy. There is no record of adequate diagnostic block with documented improvement in VAS and function. Therefore, the above guidelines are not met and thus the medical necessity of the requested service is not established.