

<b>Case Number:</b>	CM14-0133876		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	04/09/2011
<b>Decision Date:</b>	01/29/2015	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 48-year-old female with a 4/9/11 date of injury. At the time (7/28/14) of request for authorization for 1 Request for Radiofrequency Ablation under Fluoroscopy on the Right at C3, C4, C5 and C6; 3 Cervical Trigger Point Injections Under Ultrasound Guidance; 1 Box Medrox Patches; and 1 Prescription of Pain Ointment, there is documentation of subjective (neck pain that radiates into the right arm following C3/4, C4/5, and C5/6 distributions) and objective (limited range of motion of the cervical spine due to pain, cervical facet tenderness, positive reproduction of pain with bilateral cervical facet loading, and decreased motor strength throughout the right upper extremity) findings, current diagnoses (cervical spondylosis without myelopathy, reflex sympathetic dystrophy of the upper limb, and chronic pain syndrome), and treatment to date (physical therapy, massage therapy, chiropractic treatments, acupuncture, right C3-C6 medial branch block, and medications (including ongoing treatment with Zoloft, Gabapentin, and Flexeril)). Medical reports identify 80% pain relief due to previous medial branch blocks. Regarding 1 Request for Radiofrequency Ablation under Fluoroscopy on the Right at C3, C4, C5 and C6, there is no documentation that no more than two joint levels will be performed at one time. Regarding 3 Cervical Trigger Point Injections Under Ultrasound Guidance, there is no documentation of myofascial pain syndrome; circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain and radiculopathy is not present (by exam). Regarding 1 Prescription of Pain Ointment, there is no documentation that trials of antidepressants and anticonvulsants have failed and which specific medication is being requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 Request for Radiofrequency Ablation under Fluoroscopy on the Right at C3, C4, C5 and 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, Neck and Upper Back (Acute and Chronic)

**MAXIMUS 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 Chapter, Facet joint radiofrequency neurotomy

**Decision rationale:** MTUS reference to ACOEM guidelines state there is limited evidence that radiofrequency neurotomy may be effective in relieving or reducing cervical facet joint pain among patient who had a positive response to facet injections. Official Disability Guidelines identifies documentation of at least one set of diagnostic medial branch blocks with a response of 70%, no more than two joint levels will be performed at one time (if different regions require neural blockade, these should be performed at intervals of no sooner than one week), and evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy as criteria necessary to support the medical necessity of facet neurotomy. Within the medical information available for review, there is documentation of diagnoses of cervical spondylosis without myelopathy, reflex sympathetic dystrophy of the upper limb, and chronic pain syndrome. In addition, given documentation of 80% pain relief due to previous medial branch blocks, there is documentation of at least one set of diagnostic medial branch blocks with a response of 70%. Furthermore, given the associated therapeutic requests (cervical trigger point injections and medications), there is documentation of evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. However, given documentation of a request for radiofrequency ablation under fluoroscopy on the right at C3, C4, C5 and C6, there is no documentation that no more than two joint levels will be performed at one time. Therefore, based on guidelines and a review of the evidence, the request for 1 request for radiofrequency ablation under fluoroscopy on the right at C3, C4, C5 and C6 is not medically necessary.

### **3 Cervical Trigger Point Injections under Ultrasound Guidance: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of myofascial pain syndrome; circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms have persisted for more than three months; medical management therapies such as ongoing stretching exercises, physical

therapy, NSAIDs and muscle relaxants have failed to control pain; radiculopathy is not present (by exam, imaging, or neuro-testing); and no more than 3-4 injections per session, as criteria necessary to support the medical necessity of trigger point injections. Additionally, the MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of greater than 50% pain relief is obtained for six weeks after an injection, documented evidence of functional improvement, and injections not at an interval less than two months, as criteria necessary to support the medical necessity of repeat trigger point injections. Within the medical information available for review, there is documentation of diagnoses of cervical spondylosis without myelopathy, reflex sympathetic dystrophy of the upper limb, and chronic pain syndrome. In addition, there is documentation that medical management therapies such as ongoing stretching exercises, physical therapy, and NSAIDs have failed to control the pain and symptoms have persisted for more than three months. However, there is no documentation of myofascial pain syndrome and circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. In addition, given documentation of subjective (neck pain that radiates into the right arm following C3/4, C4/5, and C5/6 distribution) and objective (decreased motor strength throughout the right upper extremity) findings, there is no documentation that radiculopathy is not present (by exam). Therefore, based on guidelines and a review of the evidence, the request for 3 cervical trigger point injections under ultrasound guidance is not medically necessary.

#### **1 Box Medrox Patches: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** Medrox cream is a compounded medication that includes 0.0375% Capsaicin, 20% Menthol, and 5% Methyl Salicylate. MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that many agents are compounded as monotherapy or in combination for pain control; that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in a 0.0375% formulation, Baclofen and other muscle relaxants, and Gabapentin and other anti-epilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of cervical spondylosis without myelopathy, reflex sympathetic dystrophy of the upper limb, and chronic pain syndrome. However, Medrox cream contains at least one drug (Capsaicin in a 0.0375% formulation) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for 1 Box of Medrox Patches is not medically necessary.

#### **1 Prescription of Pain Ointment: Upheld**

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

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, as criteria necessary to support the medical necessity of topical analgesics. Medical Treatment Guideline/Medical practice standard of care criteria necessitate/makes it reasonable to require documentation of which specific medication(s) are being requested as well as a diagnosis/condition (with subjective/objective findings) for which the requested medication(s) are indicated, as criteria necessary to support the medical necessity of medication(s). Within the medical information available for review, there is documentation of diagnoses of cervical spondylosis without myelopathy, reflex sympathetic dystrophy of the upper limb, and chronic pain syndrome. In addition, there is documentation of neuropathic pain. However, given documentation of ongoing treatment with Zoloft and Gabapentin, there is no documentation that trials of antidepressants and anticonvulsants have failed. In addition, given the requested 1 prescription of pain ointment, there is no documentation of the specific medication being requested, dosage, and frequency. Therefore, based on guidelines and a review of the evidence, the request for 1 prescription of pain ointment is not medically necessary.