

<b>Case Number:</b>	CM14-0203117		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	08/25/2009
<b>Decision Date:</b>	02/05/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2014

### 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 Rehabilitation, has a subspecialty in Pain Medicine 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:

This is a patient with a date of injury of 8/25/09. A utilization review determination dated 11/26/14 recommends non-certification/modification of Arthrotec, Lyrica, and a medial branch block. Patient has a history of right C2-4 radiofrequency ablation following positive medial branch blocks. 11/4/14 medical report identifies neck pain. On exam, there is tenderness, limited ROM, extension worse than flexion, facet joing provocative maneuvers were positive, and spasm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Arthrotec 75mg QTY#60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70-71.

**Decision rationale:** Regarding the request for Arthrotec, The California MTUS states that it is indicated for the treatment of the signs and symptoms of osteoarthritis in patients at high risk for developing NSAID-induced gastric or duodenal ulcers and their complications. Within the

documentation available for review, the criteria outlined above have not been met. In light of the above issues, the currently requested Arthrotec is not medically necessary.

**Lyrica (pregabalin) 75mg QTY#60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anti-epilepsy drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 16-21.

**Decision rationale:** Regarding request for pregabalin (Lyrica), Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is no identification of neuropathic pain, efficacy as outlined above, and there is no discussion regarding side effects from this medication. In the absence of such documentation, the currently requested pregabalin (Lyrica) is not medically necessary.

**Fluoroscopically guided diagnostic right C2-C4 facet joint medial branch block:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 19th Edition Neck Chapter, Facet Joint diagnostic blocks

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation ODG, Neck Chapter Facet joint diagnostic blocks, facet joint pain signs and symptoms, Facet joint therapeutic steroid injections.

**Decision rationale:** Regarding the request for cervical medial branch block, the CA MTUS, ACOEM, and ODG do support their use in the diagnostic workup of facet pain. However, only one set of medial branch blocks are supported, with the expectation that treatment will consist of radiofrequency ablation if blocks are successful. Within the documentation available for review, the patient already underwent medial branch blocks followed by radiofrequency ablation and there is no rationale presented for repeating the diagnostic procedure (medial branch blocks) after the condition has apparently been adequately diagnosed. In the absence of clarity regarding these issues, the currently requested cervical medial branch block is not medically necessary.