

Case Number:	CM14-0206769		
Date Assigned:	12/18/2014	Date of Injury:	09/27/2002
Decision Date:	02/13/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/10/2014

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 Orthopedic Surgery, 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 injured worker is a 62-year-old female who reported injuries of unspecified mechanism on 09/23/2002. On 11/12/2014, her diagnoses included cervical spondylosis, joint pain of the shoulder, cervical disc displacement, and cervical radiculopathy. Her complaints included severe pain with muscle spasms and cramps in the right neck radiating to her right shoulder, upper arm and scapular border. She had undergone cervical radiofrequency ablations on 12/09/2011, 08/17/2012, 07/08/2013, and 11/15/2013. On examination, the cervical facet joint provocation test was moderately positive on the right and mildly positive on the left. With axial loading, cervical rotation and extension caused pain to radiate into the scapular border and right shoulder. There was moderate muscle spasm with tenderness overlying the mid cervical facets on the right side but not on the left. There was moderate tenderness over the left acromioclavicular joint. There was significant paraspinal muscle spasms in the right trapezius and longissimus muscles. Her medications included gabapentin 600 mg, Norco 10/325 mg, cyclobenzaprine 7.5 mg, and a new prescription for fenoprofen 400 mg. It was noted that she had previously responded favorably to radiofrequency ablation of the cervical spine and had gotten relief ranging from 50% for 6 months to 70% to 80% for 1 year. Based on that history, a recommendation was made for cervical radiofrequency ablations. There was no rationale for the fenoprofen. A Request for Authorization dated 11/12/2014 was included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 Prescription of Fenoprofen 400mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk, Osteoarthritis (includi.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: The request for 1 prescription of Fenoprofen 400mg #60 is not medically necessary. The California MTUS Guidelines recommend NSAIDs at the lowest possible dose for the shortest period of time in patients with moderate to severe osteoarthritis pain. The guidelines further state that there is inconsistent evidence for the use of these medications to treat long term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis and other nociceptive pain. Fenoprofen is recommended for osteoarthritis and off label for ankylosing spondylitis. The recommended dosage is 300 to 600 mg by mouth 3 to 4 times per day. It was noted that improvement may take as long as 2 to 3 weeks. There was no documentation of this injured worker having osteoarthritis or ankylosing spondylitis. The dosage as written in the request is sub-therapeutic. Additionally, there was no frequency of administration specified. Therefore, this request for 1 prescription of Fenoprofen 400mg #60 is not medic ally necessary.

Prospective request for 1 Radio-frequency lesioning of medical branches C3, C4, C5 and C6 under Fluoroscopy Guidance and Conscious Sedation: Upheld

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

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 & Upper Back, Facet joint radiofrequency neurotomy.

Decision rationale: The request for 1 radiofrequency lesioning of medical branches C3, C4, C5 and C6 under fluoroscopy guidance and conscious sedation is not medically necessary. The California ACOEM Guidelines note that there is limited evidence that 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 of 8 to 9 months on average from chronic neck pain has been achieved in about 60% of cases across 2 studies, with an effective success rate on repeat procedures, even though the sample sizes generally have been limited. Caution is needed due to the scarcity of high quality studies. The Official Disability Guidelines note that radiofrequency neurotomies are under study. There is conflicting evidence which is primarily observational regarding the efficacy of this procedure and approval of treatment should be made on a case by case basis. Studies have not demonstrated improved function. Among the criteria for the use of cervical facet radiofrequency neurotomy are that treatment requires a diagnosis of facet joint pain and approval depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score and documented improvement in function, and no more than 2 joint level ablations are to be performed at one time. Additionally, there should be evidence of a formal plan of rehabilitation in addition to facet joint therapy. This injured

worker did not have a formal diagnosis of facet joint pain. Additionally, the request is for 4 levels to be treated, which exceeds the recommendations in the guidelines, and there was no evidence of a formal plan of rehabilitation included in this injured worker's chart. Furthermore, laterality was not specified in the request. Therefore, this request for 1 radiofrequency lesioning of medical branches C3, C4, C5 and C6 under fluoroscopy guidance and conscious sedation is not medically necessary.