

<b>Case Number:</b>	CM15-0180502		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	06/11/1995
<b>Decision Date:</b>	11/02/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 55 year old female, who sustained an industrial injury on 6-11-1995. Medical records indicate the worker is undergoing treatment for neck and back pain with prior cervical and lumbar fusion. Diagnoses include cervical facet arthropathy, cervical degenerative disc disease, lumbar degenerative disc disease and cervicgia. On a visit on May 5, 2015, the injured worker reported severe neck pain rated 10 out of 10 without medications and 4 out of 10 with medications. A progress report dated 7-27-2015, reported the injured worker complained of left sided headache, pain in her left arm and she reported improved neck pain. An August 4, 2015 progress note reported the injured worker noted increased neck and back pain with constant headaches and spasms with a pain score of 10 out of 10 without medications and 4 out of 10 with medications and 6 out of 10 at present. Documentation states the injured worker continues to improve, has tapered her meds and relies heavily on 2 spinal cord stimulator implants. The notes state the medications are keeping the injured worker functional with increased mobility and tolerant of activities of daily living and home exercise program. Physical examination revealed tenderness over the cervical paraspinal muscles, thoracic 1-4 and lumbar paraspinal muscles. Cervical range of motion includes forward flexion of 20 degrees, right and left lateral flexion of 25 degrees, hyperextension and right lateral rotation of 45 degrees and left lateral rotation 50 degrees. Lumbar range of motion is forward flexion of 35 degrees and right and left lateral bend and hyperextension of 10 degrees. Sciatic notch tenderness and straight leg raise is positive on the right side. Treatment to date has included surgery, spinal cord stimulator, injections, physical therapy, Oxycodone, Lidocaine cream, Tizanidine, Celebrex, Promethazine, Gabapentin,

Cymbalta, Flector patch, Voltaren gel, Hydrocodone-Acetaminophen, Dilaudid and Robaxin. The physician is requesting Injection Left cervical 2-3 facet and left cervical 3-4 medial branch block and topical Lidocaine HCL 3% cream. On 9-1-2015, the Utilization Review noncertified the request for Injection Left cervical 2-3 facet and left cervical 3-4 medial branch block and topical Lidocaine HCL 3% cream.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Injection Left C2-3 facet and left C3-4 MBB: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Facet joint diagnostic blocks (injections).

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

**Decision rationale:** Criteria for the use of diagnostic blocks for facet "mediated" pain: Clinical presentation should be consistent with facet joint pain, signs & symptoms. 1. One set of diagnostic medial branch blocks is required with a response of 70%. The pain response should last at least 2 hours for Lidocaine. 2. Limited to injured workers with pain that is non-radicular and at no more than two levels bilaterally. 3. There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. 4. No more than 2 facet joint levels are injected in one session (see above for medial branch block levels). 5. Recommended volume of no more than 0.5 cc of injectate is given to each joint. 6. No pain medication from home should be taken for at least 4 hours prior to the diagnostic block and for 4 to 6 hours afterward. 7. Opioids should not be given as a "sedative" during the procedure. 8. The use of IV sedation (including other agents such as midazolam) may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety. 9. The injured worker should document pain relief with an instrument such as a VAS scale, emphasizing the importance of recording the maximum pain relief and maximum duration of pain. The injured worker should also keep medication use and activity logs to support subjective reports of better pain control. 10. Diagnostic facet blocks should not be performed in injured workers in whom a surgical procedure is anticipated. (Resnick, 2005) 11. Diagnostic facet blocks should not be performed in injured workers who have had a previous fusion procedure at the planned injection level. [Exclusion Criteria that would require UR physician review previous fusion at the targeted level. (Franklin, 2008)] The documentation provided for review meets all criteria above. Therefore, at this time, the requirements for treatment have been met and medical necessity has been established. The request is medically necessary.

#### **Topical Lidocaine HCL 3% cream: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** According to the MTUS, there is little to no research to support the use of topical compounded creams. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Topical analgesics are largely experimental and there are a few randomized controlled trials to determine efficacy or safety. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established. The request is not medically necessary.