

<b>Case Number:</b>	CM15-0191778		
<b>Date Assigned:</b>	10/05/2015	<b>Date of Injury:</b>	12/06/1996
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2015

### 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: California, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

### 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 52 year old male with an industrial injury dated 12-06-1996. A review of the medical records indicates that the injured worker is undergoing treatment for other chronic postoperative pain, obstructive chronic bronchitis without exacerbation, dietary surveillance, and counseling and post laminectomy syndrome of cervical region. According to the progress note dated 09-14-2015, the injured worker reported bilateral neck pain (greater on the right side) with daily headaches. The injured worker also reported neck stiffness and intermittent numbness and tingling across the shoulders and upper parts of the arm. Neck pain level was 7 out of 10 on the right and 2 out of 10 on the left on a visual analog scale (VAS). The injured worker had a radiofrequency lesioning at C2-4 on 08-07-2015, with 70% decrease in left side neck pain and a decrease in neck stiffness. After the recent radiofrequency the injured worker was unable to decrease his narcotic pain medication or increase activities of functionality due to the neck pain on the right side. In the past the injured worker had physical therapy which made the neck pain worse. Worst pain score is 9 out of 10, least pain score 2 out of 10, and usual pain score is 6 out of 10. The injured worker reported improvement, sleep pattern the same, functionality the same, and medication usage is the same. Current Medication includes amitriptyline, Astelin, testosterone, oxycodone, Voltaren, citalopram hydrobromide, and lansoprazole. Objective findings (09-14-2015) revealed distress, moderate discomfort, restricted neck range of motion and presence of large deep scar of lower neck. Flattening of normal lumbar lordosis and antalgic gait were also noted on exam. Treatment has included diagnostic studies, prescribed medications, left leg brace, left sided cervical facet nerve block C2-4 on 09-10-2014, radiofrequency lesioning to left side C2-4 on 10-08-2014 with 60% decrease in pain,

radiofrequency lesioning C2-4 on 08-07-2015 with 70% improvement, psychotherapy, 5 cervical spine surgeries, and periodic follow up visits. The treatment plan included medication refills and diagnostic medial branch block. The treating physician prescribed Voltaren gel 1%, lansoprazole 30mg #30, and one diagnostic medial branch block right C2, C3, C4. The Utilization Review dated 09-23-2015, non-certified the request for Voltaren gel 1%, lansoprazole 30mg #30, and one diagnostic medial branch block right C2, C3, C4.

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

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

#### **Voltaren gel 1%: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Voltaren® Gel (diclofenac).

**Decision rationale:** The MTUS lists Voltaren Gel as an FDA approved medication indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip, or shoulder, and according to the ODG, it is not recommended as first-line treatment. Of critical importance is that MTUS states that topical NSAIDs are not recommended for neuropathic pain. According to the medical records available, the injured worker has been treated long-term with topical Voltaren, with no evidence of objective functional improvement. Coupled with the lack of evidence for use in the spine, the request for Voltaren gel 1% cannot be considered medically necessary.

#### **Lansoprazole 30mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic): Proton Pump Inhibitors, 2015.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** According to the cited MTUS guidelines, a proton pump inhibitor (PPI), such as lansoprazole 30mg, would be indicated in those started on a NSAID with an intermediate risk for gastrointestinal (GI) events and no cardiovascular disease. The intermediate risk factors include: age > 65 years; history of peptic ulcer, GI bleeding/perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAIDs. According to the most recent treating physician notes, the injured worker is not taking any NSAIDs and he does not

meet any of the criteria for being at risk for an intermediate GI event. Therefore, the request for lansoprazole 30mg #30 is not medically necessary and appropriate.

**One diagnostic medial branch block right C2, C3, C4: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck & Upper Back (Acute & Chronic): Facet joint diagnostic blocks (2015).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Facet joint diagnostic blocks.

**Decision rationale:** The CA MTUS is relatively silent concerning cervical medial branch blocks; however, the cited ODG recommends facet joint diagnostic blocks prior to facet neurotomy. Per ODG, if successful diagnostic blocks are performed, treatment may proceed to facet neurotomy at the diagnosed levels. Research indicates that a minimum of one diagnostic medial branch block (MBB) be performed prior to a neurotomy. Although MBBs and intra-articular blocks appear to provide comparable diagnostic information, results found better predictive effect with diagnostic MBB. ODG criteria state that the one set of diagnostic MMBs is required with a response of greater than or equal to 70%, with the pain response lasting approximately 2 hours. According to recent treating provider notes through 09-30-2015, the injured worker had a positive response to right sided diagnostic facet nerve blocks at C2, C3, C4 in the past, with follow on radiofrequency ablation right C2, C3, C4. Per the notes, the provider is aware of the cited guidelines and is requesting repeat radiofrequency ablation, and not medial branch blocks. Utilization Review notes from 09-23-2015 non-certified the blocks, but recognized the injured worker may need repeat neurotomy. Therefore, the request for one diagnostic medial branch block right C2, C3, C4 is not medically necessary and appropriate.