

Case Number:	CM15-0041920		
Date Assigned:	03/12/2015	Date of Injury:	08/24/2005
Decision Date:	04/17/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/05/2015

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: New York

Certification(s)/Specialty: Neurological Surgery

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 48-year-old female former food clerk reported an industrial injury on 8/24/2005 from repetitive lifting. The documentation shows she had normal EMGs/NCVs on 11/19/05, 4/4/06 and 8/29/06. The EMG/NCV of 1/23/07 was interpreted as consistent with ulnar nerve entrapment, but there was no evidence of cervical radiculopathy. The EMG/NCV of 3/15/08 showed moderate right ulnar neuropathy at the elbow. On 02/12/08, she had a right C6-7 selective nerve root block. On 05/12/08, she had a C6-7 anterior cervical fusion. The AME report of 06/20/09 noted she was encouraged to participate in independent strengthening and stretching exercise program. On 09/30/09, she had C7-T1 cervical epidural steroid injection. On 01/06/10, she had C7-T1, C6-7, C5-6 cervical intra-articular facet blocks. On 04/23/14, she had bilateral C5, 6 medial branch blocks. The current diagnoses are cervical facet pain and cervical radiculopathy. The PR2 of 07/11/14 states she had 60% improvement from the medial branch blocks and she found that things were tolerable. According to the progress report dated 1/30/2015, the injured worker complains of neck pain and tenderness. The current plan of care includes cervical radiofrequency neurotomy C5 and C6, fluoroscopy, moderate sedation, Hydrocodone-Acetaminophen 10/325mg #60, Lidocaine 5% patch #60, and Gabapentin 300mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone-acetaminophen 10/325mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids, specific drug list-hydrocodone/acetaminophen Page(s): 91.

Decision rationale: The California MTUS guidelines note that hydrocodone is a semi synthetic opioid, which is considered the most potent oral opioid that does not require special documentation in some states. It is recommended maximal dose would be 60mg/24 hours. The guidelines note that the least possible amount to achieve effect is recommended. The usual dose is 5/500 mg every four to six hours. Documentation does not show evidence on how this medication was titrated to achieve this recommendation. The requested treatment: Hydrocodone-acetaminophen 10/325mg quantity 60 is not medically necessary and appropriate.

Lidocaine 5% patch quantity 60: Upheld

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

MAXIMUS guideline: Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Medications Chapter-Topical analgesics-Lidocaine3.

Decision rationale: The ODG guidelines recommend topical Lidocaine if there is evidence of localized pain consistent with a neuropathic etiology. Since this patient has presented with pain in the neck, the documentation does not show details as to where the patch was to be applied or the rationale on the geography of the pain generator. The guidelines note the FDA warning for those at risk individuals who were applying large amounts over large areas. The guidelines recommend its application after a trial of a first line therapy of tri-cyclic or SNRI antidepressants. Documentation does not furnish this evidence. The requested treatment: lidocaine 5% patch quantity 60 is not medically necessary and appropriate.

Gabapentin 300mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 17.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-Epilepsy Drugs Page(s): 18-19.

Decision rationale: The California MTUS guidelines note that gabapentin has been shown to be effective as a first line treatment for neuropathic pain. It exhibits positive effects on mood and quality of life. The guidelines note that there is fairly good evidence that it results in decreased opioid consumption. The documentation does not show a program of titration to obtain the

lowest possible dosage for the best efficacy or how the functionality of the patient has been affected by its use. Thus, this requested treatment: Gabapentin 300 mg quantity 60 is not medically necessary and appropriate.

Cervical radiofrequency neurotomy C5 and C6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-175.

MAXIMUS guideline: Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter-facet joint radiofrequency neurotomy.

Decision rationale: The ODG guidelines note in the criteria for use of cervical facet radiofrequency neurotomy that there should be evidence of a formal plan of rehabilitation in addition to the facet joint therapy. The UR's contention was that the provider had failed to provide interval information after the first medial branch blocks of what kind of formal plan and details of the patient's compliance had been developed. Documentation does not show details of a home exercise and activity program for example. Documentation does not show evidence of other trials of other analgesics and a psychosocial assessment. Rather it seems the documentation focuses on a procedure rather than on the patient's functionality. The requested treatment: cervical radiofrequency neurotomy C5 and C6 is not medically necessary and appropriate.

Moderate Sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of Medications Page(s): 132.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Fluoroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Neck and Upper Back-Facet Joint pain, signs and symptoms.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.