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| Case Number: | CM15-0046794 | | |
| Date Assigned: | 03/19/2015 | Date of Injury: | 01/05/2010 |
| Decision Date: | 05/01/2015 | UR Denial Date: | 02/16/2015 |
| Priority: | Standard | Application Received: | 03/12/2015 |

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 54-year-old female sustained an industrial injury to the neck on 1/5/10. Previous treatment included magnetic resonance imaging, discectomy at C5-6, physical therapy, chiropractic therapy, acupuncture, massage and medications. In a SOAP noted dated 2/3/15, the injured worker complained of neck pain 5/10 on the visual analog scale with radiation into the right arm and migraines. Physical exam was remarkable for cervical spine with facet tenderness, limited range of motion, diminished reflexes and intact sensation and motor strength. Current diagnoses included cervical spondylosis without myelopathy, cervical spine degenerative disc disease, cervico-occipital neuralgia and long-term use of other medications. The treatment plan included compound pain cream and right C4-7 medial branch blocks under fluoroscopic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right (cervical) C4, C5, C6 and C7 medial branch blocks under fluoroscopic guidance:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck and Upper Back chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175. Decision based on Non-MTUS Citation Official disability guidelines Neck and Upper Back Chapter, under Facet joint diagnostic blocks.

Decision rationale: The patient presents on 02/03/15 with neck pain rated 5/10, which radiates into the right upper extremities. Patient also complains of migraine headaches. The patient's date of injury is 01/05/10. Patient is status post cervical discectomy at C5-6 at a date unspecified. The request is for RIGHT C4, C5, C6, C7 MEDIAL BRANCH BLOCKS UNDER FLUOROSCOPIC GUIDANCE. The RFA is dated 02/05/15. Physical examination dated 02/03/15 reveals facet tenderness at C4 through C7 levels bilaterally, worse on the right, and decreased range of cervical motion; especially on rotation. Neurological examination reveals decreased bicep, tricep, and brachioradialis reflexes bilaterally. The patient is currently prescribed Soma, Norco, Ibuprofen, and an unspecified "sleep aid tablet." Diagnostic imaging was not included, though 02/03/15 progress note discusses cervical MRI from 2012, significant findings include: "central stenosis at C5-6... secondary to 3mm posterior central protrusion...moderate right lateral recess and foraminal narrowing with potential for right C6 root impingement..." Patient's current work status is not provided. MTUS/ACOEM Neck Complaints, Chapter 8, page 174-175, under Initial Care states: for Invasive techniques (e.g., needle acupuncture and injection procedures, such as injection of trigger points, facet joints, or corticosteroids, lidocaine, or opioids in the epidural space) have no proven benefit in treating acute neck and upper back symptoms. However, many pain physicians believe that diagnostic and/or therapeutic injections may help patients presenting in the transitional phase between acute and chronic pain. ODG-TWC, Neck and Upper Back Chapter, under Facet joint diagnostic blocks states: "Recommended prior to facet neurotomy - a procedure that is considered "under study." Diagnostic blocks are performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Current research indicates that a minimum of one diagnostic block be performed prior to a neurotomy, and that this be a medial branch block - MBB. Criteria for the use of diagnostic blocks for facet nerve 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 be approximately 2 hours for Lidocaine. 2. Limited to patients with cervical 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 joint levels are injected in one session. For facet joint pain signs and symptoms, the ODG guidelines state that physical examination findings are generally described as: "1. axial pain, either with no radiation or severity past the shoulders; 2. tenderness to palpation in the paravertebral areas, over the facet region; 3. decreased range of motion, particularly with extension and rotation; and 4. absence of radicular and/or neurologic findings." About the request for what appears to be a diagnostic left cervical facet block injection at C4/C5, C5/C6 and C6/7, the patient does not meet ODG criteria for such an injection. Documentation provided does not indicate that this patient has prior facet joint injections, though indicate a discectomy at C5-6; though the exact details of the procedure were not provided. There is no evidence that this patient is anticipating further surgical intervention. Progress report dated 02/03/15 reveals that the patient has undergone NSAID and opiate medication therapy with no relief. However, the patient has significant radiating symptoms into the right upper extremity and signs of bilateral upper extremity neurological deficit. ODG does not support the use of facet

injections if the patient presents with radicular symptoms or in patients with documented neurological deficit. Furthermore, the request specifies a block at 3 levels, ODG supports only 2. Therefore, the request IS NOT medically necessary.

Topical compound: Diclofenac 5%/ Gabapentin 6 %/ Baclofen 2%/ Cyclobenzaprine 2%/ Bupivacaine and Lidocaine 5%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: The patient presents on 02/03/15 with neck pain rated 5/10, which radiates into the right upper extremities. Patient also complains of migraine headaches. The patient's date of injury is 01/05/10. Patient is status post cervical discectomy at C5-6 at a date unspecified. The request is for TOPICAL COMPOUND: DICLOFENAC 5%, GABAPENTIN 6%, BACLOFEN 2%, CYCLOBENZAPRINE 2%, BUPIVICAINE AND LIDOCAINE 5%. The RFA is dated 02/05/15. Physical examination dated 02/03/15 reveals facet tenderness at C4 through C7 levels bilaterally, worse on the right, and decreased range of cervical motion; especially on rotation. Neurological examination reveals decreased bicep, tricep, and brachioradialis reflexes bilaterally. The patient is currently prescribed Soma, Norco, Ibuprofen, and an unspecified "sleep aid tablet." Diagnostic imaging was not included, though 02/03/15 progress note discusses cervical MRI from 2012, significant findings include: "central stenosis at C5-6... secondary to 3mm posterior central protrusion... moderate right lateral recess and foraminal narrowing with potential for right C6 root impingement..." Patient's current work status is not provided. MTUS page 111 of the chronic pain section under Topical Analgesics has the following: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug, or drug class, that is not recommended is not recommended. 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." MTUS page 111-113 under Topical Analgesics, section specifically for Lidocaine, states Lidoderm is for neuropathic pain and is used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. In regard to the compounded cream containing Diclofenac, Gabapentin, Baclofen, Cyclobenzaprine, Bupivacaine, and Lidocaine; the requested compound contains ingredients which are not supported as topical agents. Gabapentin, Cyclobenzaprine and Bupivacaine are not supported as topical agents. Lidocaine is only supported in patch form. MTUS guidelines state that any compound cream, which contains an unsupported ingredient, is not indicated. Therefore, the request IS NOT medically necessary.