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| <b>Case Number:</b>   | CM14-0185618 |                              |            |
| <b>Date Assigned:</b> | 11/13/2014   | <b>Date of Injury:</b>       | 07/20/2002 |
| <b>Decision Date:</b> | 12/19/2014   | <b>UR Denial Date:</b>       | 10/30/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/07/2014 |

### 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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 55 year old male who was injured on 7/20/2002. He was diagnosed with lumbosacral disc degeneration, lumbar stenosis, lumbar facet arthropathy, and lumbar radiculopathy. He was treated with surgery (lumbar fusion), chiropractic treatments, exercise, acupuncture, medications, epidural injection, and medial branch blocks. However, he continued to experience chronic low back pain with radiculopathy. On 7/10/14, the worker received bilateral L2-3 and L3-4 facet medial branch blocks. Following the procedure, the worker reported on 7/24/14 that the blocks provided 15% pain relief to date. Later (9/11/14), he received medial branch blocks on the L3-4 and L4-5 levels bilaterally. Upon follow-up on 9/23/14, the worker reported "excellent pain relief for 8 hours following the blocks, reducing his overall pain level from 8/10 to 3/10 on the pain scale. On 10/7/14, the worker again saw his primary treating physician again, reporting ongoing pain in his low back, with no change in his symptoms over the prior months leading up to the visit. He reported low back pain with numbness to both legs into his toes, rated at 7/10 on the pain scale and reported difficulty with physical activity. He also reported neck pain with radiation, including numbness into arms, rated at 3/10 on the pain scale. Physical findings included tenderness of the lumbar paraspinal muscles and facet joints, decreased sensation of left C4-7 and left L4, L5, S1 dermatomes. He was then recommended to have a rhizotomy to the bilateral L3-4 and L4-5 facets, continue his home exercise program, and continue his pain medications, which included Gabapentin, topical Cyclobenzaprine, and Tramadol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Radiofrequency Rhizotomy targeting the bilateral L3-4 and L4-5: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

**Decision rationale:** The MTUS ACOEM Guidelines state that there is good quality evidence that neurotomy of facet joints in the cervical spine is effective, however, similar evidence does not exist for the same procedure on the lumbar spine, and they tend to produce variable results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The ODG supplies a more complete criteria list for justifying a lumbar facet joint radiofrequency neurotomy: 1. Diagnosis of facet joint pain (via medial branch block), 2. No more than 3 procedures performed in a given year, 3. Documented improvement in pain (>50% for at least 12 weeks) if repeat procedure is requested, 4. No more than 2 joint levels at a time, 5. If two areas need the procedure than space them by at least 1-2 weeks, and 6. Evidence of a formal plan of additional conservative care to be used in addition to the procedure. In the case of this worker, his bilateral L3-4 and L4-5 medial branch blocks from the month prior were quite successful, reducing his pain from 8/10 to 3/10 on the pain scale for at least 8 hours. It is reasonable and medically necessary to consider a facet radiofrequency rhizotomy at this point with this worker. The previous reviewer suggested that there was not any evidence of a functional program of conservative care to go along with the procedure, however, there was evidence of home exercises and pain medications being used regularly leading up to the request and as part of the plan moving forward. Therefore, according to the documentation, the Radiofrequency Rhizotomy procedure along with conservative care is medically necessary and appropriate.

## **1 Prescription for Ultracet (Tramadol/APAP) 37.5/325mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of

opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was insufficient evidence to suggest this complete review took place prior to the request for continuation. There was no report documented showing functional benefit with the use of the Ultracet, and no current report on pain reduction with its use. Therefore, without this documented evidence of benefit, the request for Ultracet is not medically necessary.

**1 Prescription for Gabapentin 600mg #90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16-22.

**Decision rationale:** The MTUS Guidelines state that antiepilepsy drugs (or anti-convulsants) are recommended as first line therapy for neuropathic pain as long as there is at least a 30% reduction in pain. If less than 30% reduction in pain is observed with use, then switching to another medication or combining with another agent is advised. Documentation of pain relief, improvement in function, and side effects is required for continual use. Preconception counseling is advised for women of childbearing years before use, and this must be documented. In the case of this worker, there was evidence of radiculopathy in the upper and even lower extremities, however, after reviewing the recent progress notes leading up to this request, there was insufficient reports on how the gabapentin was improving the worker's overall function and reducing his pain in a significant way. Previous reviews suggested a wean and discontinuation would be more appropriate than continuing, and there is no recent evidence to suggest that the Gabapentin should be continued. Therefore, the Gabapentin is not medically necessary.

**1 Prescription for topical CM2-Cyclobenzaprine cream 5% #1: Upheld**

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

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

**Decision rationale:** The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. In particular, the muscle relaxants in topical form have no evidence for use and are not recommended. In the case of this worker, there was insufficient report on how the worker used this medication and whether it helped him to improve his overall function. Regardless of the lack of evidence for benefit with this worker, the topical forms of cyclobenzaprine are generally not recommended for use. Therefore, the topical Cyclobenzaprine is not medically necessary to continue.