

Case Number:	CM15-0022864		
Date Assigned:	02/12/2015	Date of Injury:	11/09/2010
Decision Date:	04/01/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/06/2015

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, 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 57 year old male, who sustained an industrial injury on November 9, 2010. The diagnoses have included cervical facet syndrome, cervical pain, and disc disorder cervical and occipital neuralgia. Treatment to date has included oral medications. Currently, the injured worker complains of right shoulder and neck pain. In a progress note dated January 21, 2015, the treating provider reports of the cervical spine restricted range of motion spinous process tenderness on C5, C6 and C7 cervical facet tenderness C5, C6 and C7, right shoulder is restricted in movements. On January 28, 2015 Utilization Review non-certified a gabapentin 600mg quantity 90, Nabumetone 750mg quantity 90, and percutaneous facet joint denervation L4-5 and L5-S1 with fluoroscopic needle guidance, noting, Medical Treatment Utilization Schedule Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600 mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic Drugs Page(s): 16-21.

Decision rationale: Regarding request for Gabapentin (Neurontin), Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is identification of specific analgesic benefit (in terms of percent reduction in pain or reduction of NRS), and documentation of specific objective functional improvement. A progress note from January 2015 documents a pain score reduction of 7/10 to 4/10 due to medication. There is also functional improvement in ability to perform exercise and walking further. Therefore, the currently requested Gabapentin (Neurontin) is medically necessary.

Nabumetone 750 mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-72.

Decision rationale: Regarding the request for Relafen (nabumetone), Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. A progress note from January 20, 2015 documents a pain score reduction of 7/10 to 4/10 due to medication. There is also functional improvement in ability to perform exercise and walking further. Therefore, it appears this medication is helping the patient and is warranted still despite the longer term usage of this medication. This request is medically necessary.

One (1) percutaneous facet joint denervation, L4-L5 and L5-S1 with fluroscopic needle guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelens (ODG), Facet Blocks.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 300, 309. Decision based on Non-MTUS Citation ODG, Low Back Chapter, RFA.

Decision rationale: ACOEM Medical Practice Guidelines, 2nd edition, 2004, Chapter 12 states on page 300-301: "There is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region.

Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. "More specific guidelines with regard to radiofrequency ablation can be found in the Official Disability Guidelines specify the following:"Criteria for use of facet joint radiofrequency neurotomy:(1) Treatment requires a diagnosis of facet joint pain using a medial branch block as described above. See Facet joint diagnostic blocks (injections).(2) While repeat neurotomies may be required, they should not occur at an interval of less than 6 months from the first procedure. A neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at 50% relief. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration). No more than 3 procedures should be performed in a year's period.(3) Approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medications and documented improvement in function.(4) No more than two joint levels are to be performed at one time.(5) If different regions require neural blockade, these should be performed at intervals of no sooner than one week, and preferably 2 weeks for most blocks.(6) There should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy." In this case, the worker has had radiofrequency neurotomy performed on 5/19/14. The follow-up note on 5/28/14 documents 50% improvement. But progress notes afterwards do document at least 12 weeks of pain reduction. The ODG specifically state that "A neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at 50% relief." Therefore, this request is not necessary given the lack of information on duration of benefit.