

<b>Case Number:</b>	CM15-0061414		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	04/18/2011
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	02/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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, Washington

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 55-year-old male who reported injury on 04/18/2011. The mechanism of injury was a scaffold collapse, where the injured worker fractured his left arm. The documentation of 10/13/2014 revealed the injured worker had complaints of neck pain. The injured worker's pain was neck pain radiating to the left shoulder and down his arm to his hand. The injured worker indicated when he moved his neck, he experienced pain in his jaw and teeth. The pain was a 7/10. The injured worker was utilizing ketoprofen and Prilosec, as well as LidoPro cream. The injured worker indicated the medications reduced pain from a 7/10 to a 5/10. The injured worker's medications allowed him to be more comfortable. The injured worker had constipation secondary to medication use and denied other side effects. The injured worker had trialed amitriptyline and Norflex ER once a day, as well as naproxen once a day, which were discontinued due to allergic effects. The physical examination revealed diffuse tenderness to palpation throughout the cervical spine, including midline and in bilateral paraspinal musculature. The injured worker had a positive facet loading noted on the lumbar spine bilaterally. The injured worker had positive facet loading along the bilateral cervical spine at approximately C4-6. The injured worker had tenderness to palpation in the lumbar paraspinal musculature. Sensation was decreased in the upper extremities to the left at C6 and C7 dermatomes. Motor strength was 4-/5 in the left deltoid, biceps, and internal and external rotators. The injured worker underwent a urine drug screen. The injured worker was noted to undergo electrodiagnostic studies of the bilateral upper extremities, which revealed evidence of a left ulnar neuropathy and demyelinating bilateral medial neuropathy at the wrist. There was no

evidence of cervical radiculopathy. The injured worker underwent an MRI of the cervical spine. The diagnoses included facet arthropathy in the cervical spine at C4-5 and C5-6. The treatment plan included bilateral cervical medial branch blocks at C4-5 and C5-6 to treat neck pain from facet arthropathy. The documentation indicated this was previously denied due to left hand deficits related to cervical radiculopathy. The physician opined the left hand neuro deficits were secondary to the outcome after the left wrist ORIF, and the injured worker did not have cervical radiculopathy, and a diagnostic CMBB block was indicated. Prescribed medications included a trial of fenoprofen 400 mg twice a day as needed for pain #60, omeprazole 20 mg daily as needed #60, and a trial of ketoprofen topical ointment.

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

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

#### **1 Set of medial branch blocks bilaterally at C4-5 and C5-6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Criteria for the use of diagnostic blocks for facet nerve pain.

**Decision rationale:** The American College of Occupational and Environmental Medicine guidelines indicate that diagnostic facet joints 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. As such, application of secondary guidelines was sought. Per Official Disability Guidelines criteria for the use of diagnostic blocks for facet nerve pain include clinical presentation should be consistent with facet joint pain, signs and symptoms which include unilateral pain that does not radiate past the shoulder, objective findings of axial neck pain (either with no radiation or rarely past the shoulders), tenderness to palpation in the paravertebral areas (over the facet region); a decreased range of motion (particularly with extension and rotation) and the absence of radicular and/or neurologic findings. If radiation to the shoulder is noted pathology in this region should be excluded. There should be one set of diagnostic medial branch blocks is required with a response of 70%. The pain response should be approximately 2 hours for Lidocaine limited to no more than two levels bilaterally. Additionally, there should be documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks and the use of IV sedation may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety. The clinical documentation submitted for review failed to provide documentation of a failure of conservative treatment, including home exercise, physical therapy, and NSAIDs prior to the procedure for at least 4 to 6 weeks. There was a lack of documentation of exceptional factors. The documentation indicated the injured worker had radicular findings. While the physician opined the injured worker's neuro deficit was secondary to a poor outcome after left wrist ORIF,

the injured worker had decreased sensation at the left C6 and C7 dermatomes, and strength of 4-/5 in the left deltoid, biceps, and internal and external rotators. Given the above, the request for 1 set of medial branch blocks bilaterally at C4-5 and C5-6 is not medically necessary.

**Lidopro topical ointment with applicator with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals, Topical Analgesic, Topical Capsaicin, Lidocaine Page(s): 105, 111, 28, 112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/search.php?searchterm=LidoPro>.

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The guidelines recommend treatment with topical salicylates. Per drugs.com, LidoPro is a topical analgesic containing capsaicin / lidocaine / menthol / methyl salicylate. The clinical documentation submitted for review indicated the injured worker had an inability to utilize amitriptyline. However, there was a lack of documentation of a failure of the medication. There was a lack of documentation indicating the injured worker had a failure of anticonvulsants, and that the injured worker had not tolerated or not responded to other treatments. There was a lack of documentation of objective functional improvement. There was documentation of an objective decrease in pain. The request as submitted failed to indicate the body part and frequency, as well as the quantity of medication being requested. There was a lack of documented rationale for 2 refills without re-evaluation. Given the above, the request for LidoPro topical ointment, with applicator, with 2 refills is not medically necessary.

**Tramadol/APAP 37.5/325mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

**Decision rationale:** The California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. There was an objective decrease in pain, documentation of side effects and that the injured worker was being monitored for aberrant drug behavior. The clinical documentation submitted for review failed to provide documentation of objective functional improvement. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for tramadol/APAP 37.5/325 mg #30 is not medically necessary.

**1 Med panel:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

**Decision rationale:** The California MTUS indicates that the use of urine drug screening is for injured workers with documented issues of abuse, addiction, or poor pain control. The clinical documentation submitted for review indicated the injured worker had undergone urine drug screens. There was a lack of documentation indicating the injured worker had documented issues of abuse, addiction, or poor pain control. Given the above, the request for 1 medication panel is not medically necessary.