

Case Number:	CM15-0095236		
Date Assigned:	05/21/2015	Date of Injury:	09/01/2011
Decision Date:	06/29/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/18/2015

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: Pennsylvania
 Certification(s)/Specialty: Internal Medicine

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 62 year old female who sustained an industrial injury on 9/1/11. The injured worker was diagnosed as having cervical disc disease and cervical facet syndrome. Currently, the injured worker was with complaints of lower back pain with radiation to the left lower extremity. Previous treatments included epidural steroid injection, C4-C6 medial branch blocks and status post lumbar fusion (2013). Pain was rated as 7-8/10 in January 2015. On 3/16/15, the injured worker underwent left C4, C5, and C6 medial branch blocks for cervical facet arthropathy, with propofol for sedation and notation that no narcotics were received during the procedure. It was noted at a follow up visit on 4/15/15 that he received 80% relief for the duration of the local anesthetic. Pain was described as decreased by 80% and it was noted that the injured worker got more than 50% better after the procedure. Current pain was rated as 3/10 in severity. The injured worker reported ability to sleep longer periods without interruption, increased range of motion, and decrease in spasm and tenderness over the cervical paravertebral musculature. It was noted that physical therapy had been requested but had been denied. Physical examination was notable for tenderness to palpation to the cervical paravertebral musculature, facet tenderness at C4-C6 and tenderness over the right acromioclavicular joint. The plan of care was for medial branch facet rhizotomies and medication prescriptions. The primary treating physician noted that the injured worker was performing a home exercise program. The indication for the request for flector patch was noted as treatment of chronic low back pain. On 4/29/15, Utilization Review (UR) non-certified requests for the items currently under Independent Medical Review, citing the MTUS and ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left C4 Medial Branch Facet Rhizotomy, QTY: 1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), medial branch blocks.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back chapter: facet rhizotomy, facet joint radiofrequency neurotomy, facet joint diagnostic blocks.

Decision rationale: The ODG states that facet joint radiofrequency neurotomy (facet rhizotomy) is under study, and that approval of treatment should be made on a case-by-case basis. Criteria for use of cervical facet radiofrequency neurotomy include a diagnosis of facet joint pain (see facet joint diagnostic blocks), evidence of adequate diagnostic blocks, documented improvement in VAS (visual analog scale) score, and documented improvement in function, no more than two joint levels are to be performed at one time, if different regions require neural blockade, these should be performed at intervals of not sooner than one week, there should be evidence of a formal plan of rehabilitation in addition to facet joint therapy. Repeat neurotomies should not be at intervals of less than 6 months from the first procedure, and duration of effect after the first neurotomy should be documented for at least 12 weeks at greater than or equal to 50% relief, and no more than three procedures should be performed in a year's period. One set of diagnostic medial branch blocks is required with a response of greater than or equal to 70% with pain response of approximately 2 hours for lidocaine. Opioids should not be given as a sedative during the procedure 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. In this case, the injured worker underwent C4, C5, and C6 medial branch blocks in March 2015, with subsequent request for facet rhizotomy. The UR determination denied the requested facet rhizotomy, stating that there was only 50% pain relief, that fentanyl was used for sedation, and that no pain diary was provided. This injured worker has physical examination findings consistent with facet joint pain, and there was documentation of successful diagnostic medial branch block. The documentation indicates that there was 80% relief for the duration of the local anesthetic, propofol (not fentanyl) was used for anesthesia, and an improved VAS score was reported along with improvement in range of motion. Criteria for facet rhizotomy were met, and the procedure is medically necessary.

Left C5 Medial Branch Facet Rhizotomy, QTY: 1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), medial branch blocks.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back chapter: facet rhizotomy, facet joint radiofrequency neurotomy, facet joint diagnostic blocks.

Decision rationale: The ODG states that facet joint radiofrequency neurotomy (facet rhizotomy) is under study, and that approval of treatment should be made on a case-by-case basis. Criteria for use of cervical facet radiofrequency neurotomy include a diagnosis of facet joint pain (see facet joint diagnostic blocks), evidence of adequate diagnostic blocks, documented improvement in VAS (visual analog scale) score, and documented improvement in function, no more than two joint levels are to be performed at one time, if different regions require neural blockade, these should be performed at intervals of not sooner than one week, there should be evidence of a formal plan of rehabilitation in addition to facet joint therapy. Repeat neurotomies should not be at intervals of less than 6 months from the first procedure, and duration of effect after the first neurotomy should be documented for at least 12 weeks at greater than or equal to 50% relief, and no more than three procedures should be performed in a year's period. One set of diagnostic medial branch blocks is required with a response of greater than or equal to 70% with pain response of approximately 2 hours for lidocaine. Opioids should not be given as a sedative during the procedure 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. In this case, the injured worker underwent C4, C5, and C6 medial branch blocks in March 2015, with subsequent request for facet rhizotomy. The UR determination denied the requested facet rhizotomy, stating that there was only 50% pain relief, that fentanyl was used for sedation, and that no pain diary was provided. This injured worker has physical examination findings consistent with facet joint pain, and there was documentation of successful diagnostic medial branch block. The documentation indicates that there was 80% relief for the duration of the local anesthetic, propofol (not fentanyl) was used for anesthesia, and an improved VAS score was reported along with improvement in range of motion. Criteria for facet rhizotomy were met, and the procedure is medically necessary.

Left C6 Medial Branch Facet Rhizotomy, QTY: 1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), medial branch blocks.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back chapter: facet rhizotomy, facet joint radiofrequency neurotomy, facet joint diagnostic blocks.

Decision rationale: The ODG states that facet joint radiofrequency neurotomy (facet rhizotomy) is under study, and that approval of treatment should be made on a case-by-case basis. Criteria for use of cervical facet radiofrequency neurotomy include a diagnosis of facet joint pain (see facet joint diagnostic blocks), evidence of adequate diagnostic blocks, documented improvement in VAS (visual analog scale) score, and documented improvement in

function, no more than two joint levels are to be performed at one time, if different regions require neural blockade, these should be performed at intervals of not sooner than one week, there should be evidence of a formal plan of rehabilitation in addition to facet joint therapy. Repeat neurotomies should not be at intervals of less than 6 months from the first procedure, and duration of effect after the first neurotomy should be documented for at least 12 weeks at greater than or equal to 50% relief, and no more than three procedures should be performed in a year's period. One set of diagnostic medial branch blocks is required with a response of greater than or equal to 70% with pain response of approximately 2 hours for lidocaine. Opioids should not be given as a sedative during the procedure 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. In this case, the injured worker underwent C4, C5, and C6 medial branch blocks in March 2015, with subsequent request for facet rhizotomy. The UR determination denied the requested facet rhizotomy, stating that there was only 50% pain relief, that fentanyl was used for sedation, and that no pain diary was provided. This injured worker has physical examination findings consistent with facet joint pain, and there was documentation of successful diagnostic medial branch block. The documentation indicates that there was 80% relief for the duration of the local anesthetic, propofol (not fentanyl) was used for anesthesia, and an improved VAS score was reported along with improvement in range of motion. Criteria for facet rhizotomy were met, and the procedure is medically necessary.

Transportation to and from procedure: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee and leg chapter: transportation (to and from appointments).

Decision rationale: The ODG recommends medically necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. This applies to patients with disabilities preventing them from self-transport who are age 55 and older and need a nursing home level of care. In this case, the physician has not discussed the reason for the request for transportation to and from the procedure. There was no documentation showing that this injured worker had disabilities preventing self-transport or that she required nursing home level of care. As such, the request for transportation to and from procedure is not medically necessary.

Flector Patch 1.3%, QTY: 60: 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 analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Topical analgesics, flector patch.

Decision rationale: Topical NSAIDS are indicated for osteoarthritis and tendinitis, in particular that of the knee and elbow or other joints that are amenable to topical treatment. There is little evidence to utilize topical nonsteroidal anti-inflammatory drugs (NSAIDS) for treatment of osteoarthritis of the spine, hip, or shoulder. In this case, flector patch was requested for treatment of low back pain. Topical nonsteroidals are not recommended for neuropathic pain. They are recommended for short-term use (4-12 weeks). The ODG states that flector patch is not recommended as a first line treatment. Topical diclofenac is recommended for osteoarthritis after failure of an oral NSAID or contraindications to oral NSAIDS, after considering the increased risk profile of diclofenac. In this case, there was no documentation of failure or contraindication to oral NSAIDS. The request for flector patch is not medically necessary due to lack of guideline recommendation for topical NSAIDS in treatment of the spine, and lack of documentation of failure or contraindication of first line oral NSAIDS.

Dendracin Topical Lotion 120ml, QTY: 1: 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 medications for chronic pain salicylate topical topical analgesics Page(s): 60, 104, 111-113. Decision based on Non-MTUS Citation Uptodate: camphor and menthol: drug information. In UpToDate, edited by Ted. W. Post, published by UpToDate in Waltham, MA, 2015.

Decision rationale: Per the MTUS, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Dendracin Lotion contains Methyl Salicylate, Benzocaine, Menthol, and Capsaicin. Per the MTUS, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. If any compounded product contains at least one drug or drug class that is not recommended, the compounded product is not recommended. Per the MTUS page 60, medications are to be given individually, one at a time, with assessment of specific benefit for each medication. Provision of multiple medications simultaneously is not recommended. In addition to any other reason for lack of medical necessity for these topical agents, they are not medically necessary on this basis at minimum. Topical salicylates are recommended for use for chronic pain and have been found to be significantly better than placebo in chronic pain. The MTUS is silent with regards to menthol. It may be used for relief of dry, itchy skin. This agent carries warnings that it may cause serious burns. Capsaicin has some indications, in the standard formulations readily available without custom compounding. The MTUS also states that capsaicin is only recommended when other treatments have failed. The treating physician did not discuss the failure of other, adequate trials of conventional treatments. It may be used for treatment of osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in high doses. Due to provision of multiple simultaneous medications in this compounded topical product, and lack of documentation of failure of first line agents, the request for dendracin lotion is not medically necessary.