

<b>Case Number:</b>	CM13-0019255		
<b>Date Assigned:</b>	02/03/2014	<b>Date of Injury:</b>	10/27/2009
<b>Decision Date:</b>	06/10/2014	<b>UR Denial Date:</b>	07/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2013

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California. 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:

This is a 58-year-old patient with a diagnosis of right L5 radiculopathy, chronic back pain status post fusion at L4-5 from May 3, 2011, according to the primary treating physician, [REDACTED]. She also has chronic neck pain and had cervical fusion surgery in May 2010. She is being treated for chronic pain with significant quantities of Oxycodone, including immediate and sustained release preparations. [REDACTED] felt her chronic headaches could be related to a neck pathology. The headaches have apparently responded favorably to triptans in the past. The issues at dispute, as identified in utilization review documents of July 30, 2013 are prospective random drug screen twice in a twelve month period, oral Toradol, compounded topical Flurbiprofen and Lidocaine, Zomig, and radiofrequency neurolysis of the right L4, L5, and S1 medial branches to denervate the L4-5 and L5-S1 facet joints on the right.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RANDOM URINE DRUG SCREEN IN A 12 MONTH PERIOD TIMES 2: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, PAIN CHAPTER UPDATED 01/20/2012.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines DRUG TESTING, OPIOIDS, CRITERIA FOR USE, AND OPIOIDS, PAIN TREATMENT AGREEMENT Page(s): 43, 47, AND 89.

**Decision rationale:** The Chronic Pain Guidelines indicate that drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. A pain treatment agreement is recommended with the use of opioids, and urine drug screens may be required. The guidelines also indicate that a urine drug screening is recommended to evaluate for compliance with an opioid agreement. These tests help ensure that the patient is taking the medications as prescribed, and no other substances which may be harmful. Given this is a prospective order, past testing is not relevant. The request is medically necessary and certified.

**TORADOL 10MG #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PAIN-NSAIDS Page(s): 67-73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, SPECIFIC DRUG LIST & ADVERSE EFFECTS Page(s): 72.

**Decision rationale:** Toradol was prescribed on July 18, 2013 for " periods of sudden increased pain". This patient has a long term pain problem, with occasional exacerbations. The Chronic Pain Guidelines indicate that Toradol has a black box warning, indicating that this medication is not recommended for the treatment of chronic pain, due to significant adverse side effects. The quantity prescribed (#90) implies long term usage, and is therefore not medically necessary.

**COMPOUND MEDICATION - GPI-11 LOTION FLURBIPROFEN 10% AND LIDOCAINE 2% 300ML #6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PAIN-TOPICAL ANALGESICS-NSAIDS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-112.

**Decision rationale:** The Chronic Pain Guidelines indicate that the use of topical Lidocaine is not recommended for non-neuropathic pain. Further, there is little evidence that topical non-steroidal anti-inflammatory drugs (NSAIDs) are effective for spine, shoulder, or hip pain. Topical NSAIDS have not been shown effective for chronic pain problems. The compounded combination of Flurbiprofen and Lidocaine ordered is therefore not medically necessary.

**ZOMIG 5M #24:** 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), TREATMENT INDEX, 9TH EDITION (WEB), TREATMENT/INTEGRATED TREATMENT/DISABILITY DURATION GUIDELINES/HEAD.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), MIGRAINE.

**Decision rationale:** The Official Disability Guidelines indicate that triptans are effective in treating migraine headaches. Zomig is a triptan, and the medical record, dated July 16, 2013 provides a diagnosis of migraine headaches. The request meets the guideline criteria, and is medically necessary.

#### **RADIOFREQUENCY W/NEUROLYSIS ON RIGHT L4-5:** 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), TREATMENT IN WORKERS' COMPENSATION, 11TH EDITION LOW BACK - LUMBAR & THORACIC (ACUTE & CHRONIC) ([HTTP://WWW.ODG-TWC.COM/ODGTWCLIST.HTM](http://www.odg-twc.com/odgtwclist.htm)), FACET JOINT DIAGNOSTIC BLOCKS (INJECTIONS) LUMBAR.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), LOW BACK, FACET JOINT RADIOFREQUENCY NEUROTOMY.

**Decision rationale:** The treating physician's report, dated July 18, 2013 indicates that the patient had greater than 60% relief from diagnostic medial branch blocks at L4, L5, and S1 on the right, which was done on June 25, 2013. The Official Disability Guidelines indicate that the treatment of facet pain with radiofrequency ablation requires a prior positive diagnostic medical branch block. A radiofrequency medial branch ablation is therefore considered medically necessary.

#### **RADIOFREQUENCY W/NEUROLYSIS ON RIGHT L5-S1:** 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), TREATMENT IN WORKERS' COMPENSATION, 11TH EDITION LOW BACK - LUMBAR & THORACIC (ACUTE & CHRONIC) ([HTTP://WWW.ODG-TWC.COM/ODGTWCLIST.HTM](http://www.odg-twc.com/odgtwclist.htm)), FACET JOINT DIAGNOSTIC BLOCKS (INJECTIONS) LUMBAR.

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