

Case Number:	CM13-0023228		
Date Assigned:	12/27/2013	Date of Injury:	02/05/2003
Decision Date:	03/11/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	09/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular 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 physician 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:

██████████ is a 63-year-old man who sustained a work-related injury on February 5, 2003. He subsequently developed chronic back pain for which he was treated with multiple epidural injections with limited and temporary relief. He was also treated with physical therapy and pain medications. According to the note of February 21, 2013 the patient physical examination demonstrated facet joints tenderness with limited lumbar range of motion. He has a L4-L5 and L5-S1 facet joint medial branch blocks performed on 2010 with only 50-60% relief. The patient underwent an L5-S1 radiofrequency neurotomy without any benefit. He was diagnosed with lumbar disc displacement, lumbar facet joint pain, sacroiliac joint pain, lumbar neuralgia, muscle spasm, myofascial pain and secondary depression. The provider requested authorization for the medications and procedures listed below.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for 1 prescription for Norco 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Criteria for use of opioids, Page(s): 78, 179.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework documentation of the clinical use of these controlled drugs. There is no clear evidence of objective and recent functional and pain improvement with previous use of opioids (Norco). There no clear documentation of the efficacy/safety of previous use of Norco. There is no clear justification for the need to continue the use of Norco. Therefore, the prescription of Norco 10/325mg is not medically necessary at this time.

1 prescription of Flexeril 10mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines (May 2009)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Muscle Relaxants Page(s): 63..

Decision rationale: According to MTUS guidelines, Flexeril a non-sedating muscle relaxant that is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case does not have clear recent evidence of spasm and the prolonged use of Flexeril 10 mg is not justified. The request of for Flexeril 10mg is not medically necessary.

1 prescription for Amitriptyline 50mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Chronic Pain Medical Treatment Guidelines (May 2009)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Antidepressant for chronic pain Page(s): 13..

Decision rationale: According to MTUS guidelines, tricyclics (Amitriptyline is a tricyclic antidepressant) are generally considered as a first line agent for pain management unless they are ineffective, poorly tolerated or contraindicated. According to the patient file, the patient developed depression secondary to pain. The use of Amitriptyline is appropriate. However it should not be used for a long period of time without periodic documentation of its safety and efficacy. Based on the above, the prescription for Amitriptyline 50mg is not medically necessary.

Bilateral L4-5 and L5-S1 facet joint: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Lower back complaints Page(s): 300-301..

Decision rationale: According to MTUS guidelines, 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. There is no clear objective documentation of pain and function from previous radiofrequency procedure. The patient underwent a radiofrequency ablation at L4-5 without significant relief, following the performance of medial branch block in 2010 with only 50-60% relief. Therefore, bilateral L4-5 and L5-S1 facet joint medial branch radiofrequency neurotomies is not medically necessary.