

Case Number:	CM13-0025981		
Date Assigned:	03/14/2014	Date of Injury:	06/13/2001
Decision Date:	04/24/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/18/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

The patient is a 62 year-old male with a date of injury of 06/13/2001. The listed diagnoses per [REDACTED] are chronic pain syndrome, cervical spondylosis without myelopathy, headache, and lumbosacral spondylosis without myelopathy (nonindustrial). According to report dated 08/28/2013 by [REDACTED], the patient presents with continued neck and low back pain. Since the last visit the patient has an increase in right sided neck pain over the past 2 months. This patient has had multiple injections for the C3, C4 and C4 levels. First includes a radiofrequency at C3, C4 and C5 with 75% improvement (11/26/2012), right radiofrequency with 80% improvement (09/05/2012), right RF with 80% relief (09/05/2012), left RF with 80% relief (10/24/2011), left MBB with 90% relief for at least 3 hours (09/12/2011) and right RF with 90% relief (07/18/2011). MRI of the cervical spine dated 06/20/2006 revealed left lateral recess and foraminal stenosis at C3-C4 secondary to left paracentral disk protrusion and spondylosis. Current medication regimen includes Norco for pain, Altace, Tramadol, Hydrochlorothiazide, Metformin, Lovastatin, Tricor and Celebrex. The treating physician is requesting a repeat radiofrequency lesioning of medial branches stating that prior RF lesioning produced at least 50% relief for 12 weeks or more and "resulted in improved quality of life, improve activities, decreased pain and medication."

IMR ISSUES, DECISIONS AND RATIONALES

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

1 RADIOFREQUENCY LESIONING AT RIGHT C3, C4, C5 FOR C3-C4 AND C4-5 FACET JOINTS: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, CHAPTER 8; NECK AND UPPER BACK COMPLAINTS, 174.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The MTUS/ACOEM Guidelines, states, "There is limited evidence that RF neurotomy may be effective in relieving or reducing cervical facet joint pain among patients who had a positive response to facet injections. Lasting relief (eight to nine months, on average) from chronic neck pain has been achieved in about 60% of cases across two studies, with an effective success rate on repeat procedures, even though sample sizes generally have been limited (n=24,28)." For further discussion, the Official Disability Guidelines (ODG) states for RF ablation, "approval of repeat neurotomies depends on variables such as evidence of adequate diagnosis blocks, documented improvement in VAS score, decreased medication and documented improvement in function." Medical records do not include any operative reports from the prior procedures. In progress report dated 01/28/2013, approximately 8 weeks after the 11/26/2013 RFA, patient was noted to have continued benefit from the procedure and has reduced Norco from average 4 per day to 2 a day. Report from 08/28/2013 documents "improved quality of life, improved activities, decreased pain and reduced medication" after each procedure. It is further noted that patient had least 50% relief for more than 12 weeks with each procedure. The request for 1 radiofrequency lesioning at right C3, C4, C5 for C3-C4 and C4-5 facet joints is medically necessary and appropriate.

1 PRESCRIPTION OF NORCO 10/325MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60-61.

Decision rationale: For chronic opiates use MTUS guidelines require functioning documentation using a numerical scale or a validated instrument at least once every 6 months. Documentation of the four A's (Analgesia, ADL's, Adverse side-effects, Adverse behavior) are required. Furthermore, under outcome measures, it also recommends documentation of current pain; average pain; least pain; time it takes for medication to work; duration of pain relief with medications, etc. Medical records indicate that the patient has been taking Norco since 01/28/2013, possibly earlier as this is the earliest report provided for review. Review of reports from 01/28/2013 to 08/28/2013 include no discussions regarding whether or not Norco has provided any specific pain relief or functional improvements. There are no discussions regarding significant change in ADL's, change in work status or return to work due to opiate use. In addition, there are no numerical scales indicating any pain relief or functional changes as required by MTUS. Given the lack of sufficient documentation warranting long term opiate use,

the patient should slowly be weaned off of Norco as outlined in MTUS Guidelines. The request for 1 prescription of Norco 10/325 mg #120 is not medically necessary and appropriate.

1 PRESCRIPTION OF TRAMADOL 300MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60,61.

Decision rationale: For chronic opiates use MTUS guidelines require functioning documentation using a numerical scale or a validated instrument at least once every 6 months. Documentation of the four A's (Analgesia, ADL's, Adverse side-effects, Adverse behavior) are required. Furthermore, under outcome measures, it also recommends documentation of current pain; average pain; least pain; time it takes for medication to work; duration of pain relief with medications, etc. Medical records indicate that the patient has been taking Norco since 01/28/2013, possibly earlier as this is the earliest report provided for review. Review of reports from 01/28/2013 to 08/28/2013 include no discussions regarding whether or not Norco has provided any specific pain relief or functional improvements. There are no discussions regarding significant change in ADL's, change in work status or return to work due to opiate use. In addition, there are no numerical scales indicating any pain relief or functional changes as required by MTUS. Given the lack of sufficient documentation warranting long term opiate use, the patient should slowly be weaned off of Norco as outlined in MTUS Guidelines. The request for 1 prescription of Tramadol 300 mg #30 is not medically necessary and appropriate.