MAXIMUS Federal Services

Case Number:	CM13-0028691		
Date Assigned:	11/27/2013	Date of Injury:	10/15/1998
Decision Date:	02/10/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/24/2013

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 Occupational 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:

The patient is a 53-year-old male at date of injury of October 15, 1998. Patient is being treated for neck and back pain on the right side. The pain is described as a pressure, sharp and stabbing with a rating of seven out of 10. The patient is on Zofran, meloxicam, tizanidine, Terocin cream and Ultram. The patient had a radiofrequency ablation in October 2011 which provided 90% effectiveness for one year. The patient had a procedure in March 24, 2013 which lasted three months. The patient is been taking meloxicam since February 2013 as a replacement for diclofenac. However the patient continues to have a high severity of pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 series of 2 radiofrequency ablations on the right at L3/4/5 (within 2 months): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain, ablation

Decision rationale: "There is good quality medical literature demonstrating that radio-frequency 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." In addition, for criteria for ablation, ODG gives criteria for use. The patient does not meet ODG criteria as he had an ablation 3 months prior and did not have a 6 month relief period of 50% relief. In addition, there is no evidence the patient decreased medication use with the block. Therefore as the patient does not meet criteria for two sets of guidelines, and has multiple ablations, this request is not medically necessary.

Meloxicam 7.5 mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation current evidence based guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: CA MTUS chronic pain page 67 recommends NSAIDs for chronic low back pain only for a short duration. This patient has been taking this medication for an extended period of time with no appreciable decrease in pain or increase in function. As guidelines do not recommend use for long term, and there is no effectiveness of the medication demonstrated, it is not necessary.

Ondansetron HCL 8mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain, Ondansetron

Decision rationale: MTUS does not address this medication. ODG states that is used for nausea related to chemotherapy or radiation. It may be used for postop nausea. It is NOT indicated for nausea due to opioids or other medication according to ODG. Therefore this medication is not appropriate for this patient.