

Case Number:	CM13-0029226		
Date Assigned:	03/19/2014	Date of Injury:	08/24/2009
Decision Date:	04/24/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/24/2013

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 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:

The patient is a 33-year-old male who was injured on 08/04/2009 while he lifted a 150-pound lid and tossed it to the side when he heard something pop as he twisted. He had severe low back pain with pain radiating into the right lower extremity. Prior treatment history has included medications: 1. OxyContin 20 mg 2. Oxycodone 200 mg 3. Terocin Cream 4. Medrox patches 5. Zanaflex 6. Gabapentin 7. Norco 8. Soma. The patient was also treated with physical therapy, acupuncture, chiropractic treatment and massage. He received lumbar facet medial branch block at L3-4 and L4-5 on 05/16/2013 as well as transforaminal epidural bilateral L4 and L5 on 12/15/2010, 08/24/2012, 02/22/2013. On 12/13/2013, he underwent radiofrequency facet joint nerve lumbar L3/4 and L4/5. He had cervical epidural injection 08/11/2010. Diagnostic studies reviewed include 10/29/2009 MRI of the lumbar spine revealing small central disc protrusion with annular tear at L3-4 without neural impingement. Mild bilateral neuroforaminal stenosis due to diffuse disc bulge at L4-5. With moderate right and mild left neuroforaminal stenosis at L5-S1. 12/23/2009 X-ray of the lumbar spine shows Grade I anterolisthesis of L5 on S1 consistent with bilateral L5 spondylolyses. 04/13/2010 Electrodiagnostic consultation of the upper extremities EMG and nerve conduction studies normal. 03/11/2011 MRI of the lumbar spine revealing degenerative disc disease with facet arthropathy and retrolisthesis L3-4 with Grade I anterolisthesis L5-S1 and bilateral L5 spondylosis. Canal stenosis includes L3-4 mild canal stenosis and at L5-S1. Neural foraminal and L5-S1 moderate right neural foraminal narrowing. 06/01/2012 MRI of the lumbar spine revealing degenerative disc disease and facet arthropathy with postoperative changes and retrolisthesis L3-4. Canal stenosis includes L3-4 mild to moderate canal stenosis. Neural foraminal narrowing includes L4-5 mild to moderate right, caudal left. 08/24/2012 CT of the lumbar spine showed and facet arthropathy with retrolisthesis L1-2, L2-3 and L3-4 and Grade I anterolisthesis at L5-S1 with bilateral L5

spondylosis and posterior fusion changes. Canal stenosis includes L3-4. Neural foraminal narrowing includes L4-5 and L5-S1/ Levoscoliosis is appreciated. 09/23/2013 F-Wave/H-Reflex findings: patchy findings of low amplitude sensory response. 12/04/2012 Urine toxicology report detected oxycodone and oxymorphone, expected with prescribed medications. PR-2 dated 08/14/2013 documented the patient to have complaints of increased back and right leg pain that he rates at 8-9/10 on pain scale. He is having difficulties with his ambulation and sleeping at night. With the reduction of pain medications, his condition has worsened. Medications do help with his pain and allow for increased level of function. Objective findings on exam included the patient has an antalgic gait. He does walk with a slight limp. The range of motion of the lumbar spine is limited in all planes. The midline surgical site is clean and dry and intact with no signs of infection. He has diminished sensation of the right L3, L4, L5 and S1 dermatomes. Motor examination is 4/5 bilateral lower extremities, right greater than left. Diagnoses: 1.Right leg L5 radiculitis 2. Right sacroiliitis 3.Facet arthropathy of the lumbar spine 4.Bilateral neuroforaminal narrowing at L4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE RHIZOTOMY ON RIGHT L3-4 AND L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

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 medical report dated 2/19/2014 indicates the patient underwent the lumbar rhizotomy procedure two months prior. The medical records do not provide any specifics regarding this procedure; a copy of the procedural report is not included in the medical records. A repeat rhizotomy procedure is not supported by the evidence-based guidelines. The guidelines states a neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks with at least 50% relief. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration). The medical report documents patient report of 6-7/10 pain level. The patient states medications decrease his pain level from 9/10 to 6/10. The medical records demonstrate the patient has not obtained a minimum of 50% pain relief with reduction of medication use of at least three months duration, as result of lumbar rhizotomy. The requested lumbar rhizotomy is not supported by the medical literature, and is not recommended.

ONE PRESCRIPTION OF OXYCODONE 20MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-75.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75,76-80. Decision based on Non-MTUS Citation Pain Medicine and Regional Anesthesia, 2nd Edition, 2005. Chapter 13: Opioid Therapy: Adverse Effects Including Addiction, pages 113-123.

Decision rationale: As per CA MTUS guidelines, Oxycodone is a long-acting opioids recommended for chronic pain. They are often used for chronic non-malignant or cancer pain. The guidelines further indicate that "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)." In this case, this patient has chronic low back pain and has been prescribed Oxycodone with no documentation of increased endurance or specific functional improvement with the use of this medication. Thus, the request is non-certified.