

Case Number:	CM13-0057976		
Date Assigned:	12/30/2013	Date of Injury:	09/28/2001
Decision Date:	05/20/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/26/2013

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 Orthopedic Surgery 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 claimant is a 43-year-old gentleman, who was injured in a work-related accident on 09/28/01. He sustained an injury to the low back. The clinical records available for review include a 05/13/13 MRI report that showed mild spondylosis, with no evidence of interval change with only mild degenerative changes at the L4-5 and L5-S1 level. There were no neural compressive findings. The claimant underwent a previous bilateral L3 through L5 radiofrequency ablation procedure on 05/22/13. A recent assessment for review dated 11/07/13, stated continued complaints of low back related complaints for which the claimant is utilizing medications including Omeprazole, Flexor patches, Vicodin, and DBCGT for medication management. There was a request for refills of the above agents as well as the role of a repeat radiofrequency neurolysis at the L4-5 and L5-S1 levels to be performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLECTOR PATCH 1.3 #30 WITH THREE (3) REFILLS, APPLY ONE (1) PATCH EVERY TWELVE (12) HOURS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PROCEDURE SUMMARY

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

Decision rationale: The Chronic Pain Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The Guidelines also indicate that topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The medical records do not show physical examination findings, and there is no documentation showing the need of this topical medication for the low back. The use of topical Diclofenac is not supported for use in chronic low back pain. The Guideline criteria indicated that topical Diclofenac is noted to be more beneficial in joints that lend themselves to topical management, such as the knees, shoulders, and fingers. The specific request for the use of this medication in the claimant's ongoing low back complaints would not be supported.

DBC GT #1 BOTTLE WITH THREE (3) REFILLS, APPLY TWO (2) PUMPS TWICE A DAY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PROCEDURE SUMMARY

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

Decision rationale: The Chronic Pain Guidelines indicate that topical compounded agents are largely experimental, with limited clinical documentation of effectiveness or benefit. The medical records indicate that this medication is used topically for the claimant's underlying low back complaints. Given the claimant's current clinical presentation and lack use of first line agents for the medication management of chronic low back pain or neuropathic pain, this specific request would not be supported.

PRILOSEC 20MG #60, ONE (1) TWICE A DAY, WITH THREE (3) REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PROCEDURE SUMMARY

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68-69.

Decision rationale: The Chronic Pain Guidelines indicate that non-steroidal anti-inflammatory drugs (NSAIDs) are recommended with precautions, and that the clinicians should weigh the indications for NSAIDs against both gastrointestinal (GI) and cardiovascular risk factors. The guidelines also indicate that the clinicians should also determine if the patient is at risk for gastrointestinal events. The risk include: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of aspirin (ASA), corticosteroids, and/or an

anticoagulant; or (4) high dose/multiple NSAID, such as NSAID + low-dose ASA. The medical records do not indicate that the claimant shows evidence of a significant GI risk factor. This specific request would not be supported.

NORCO 10/325MG #120, ONE (1) BY MOUTH EVERY FOUR (4) HOURS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE AND HYDROCODONE/ACETAMINOPHEN Page(s): 76-80; 91-94.

Decision rationale: The Chronic Pain Guidelines indicate that the ongoing management of opioid use should include an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The 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. The guidelines also indicate that four (4) 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). There is no evidence that the claimant benefitted from the usage of the medication. A physical examination does not demonstrate clinical findings. In addition, the claimant's recent imaging did not indicate significant physiological evidence of tissue insult or damage. The acute need of Norco at this stage in the claimant's clinical course of care would not be supported.

REPEAT RADIOFREQUENCY NEUROLYSIS L4-5, L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), LOW BACK (ACUTE & CHRONIC)

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), TREATMENT IN WORKER'S COMPENSATION, 18TH EDITION, 2013 UPDATES: LOW BACK PROCEDURE - FACET JOINT RADIOFREQUENCY NEUROTOMY

Decision rationale: The MTUS/ACOEM Guidelines state, "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". The Official Disability Guidelines indicate that while repeat neurotomies may be required, they should not occur at an

interval of less than six (6) months from the first procedure. A neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least twelve (12) weeks at ≥ 50% relief. The role of the repeat radiofrequency would not be supported. Review of the claimant's prior records indicates a May 2013 radiofrequency ablation at the L3 through L5 levels. The specific request in this case is at the L4 through S1 levels. The lack of clinical correlation between the requested levels, with no documentation of six (6) full months of sustained relief and no indication of prior diagnostic facet blockage at the S1 level would fail to necessitate the role of this treatment.