

Case Number:	CM13-0068561		
Date Assigned:	01/03/2014	Date of Injury:	01/05/2010
Decision Date:	10/21/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/19/2013

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 injured worker is a 66 year-old female with a date of injury of 8/13/2008. The patient's industrially related diagnoses include cervical facet syndrome of C5-6, C6-7, painful disc protrusions currently without radiculopathy C/S, s/p lumbar fusion for unstable L4-5 spondylolisthesis and scoliosis, right shoulder pain, depression, GI problems due to medications. The injured worker underwent bilateral C5-6 facet joint injections in August 2012 with greater than 70% relief. The disputed issues are bilateral C5-6, C6-7 median branch facet neurotomies with fluoroscopy, Norco 10/325mg 1-2 Q4-6 hours prn pain, and Omeprazole 20mg QD prn stomach pain. A utilization review determination on 12/12/2013 had non-certified these requests. The stated rationale for the denial of bilateral C5-6, C6-7 median branch facet neurotomies was "after review of the procedure note from 8/7/2012, the facet injections were intra-articular at C5-6 bilaterally and there has been no injections at C6-7. The appropriate diagnostic medial branch block have not been done." The stated rationale for the denial of Norco was "there is sparse information in the most recent medical report as to the domains of ongoing opioid management, including monitoring for diversion, abuse, side effects, or tolerance development, dosage adjustments, attempts to wean and taper, endpoints of treatment, and continued efficacy and compliance." Lastly, Omeprazole 20mg was denied because "there is no comment that relates the need for the Proton Pump Inhibitor for treating gastric symptoms associated with the medications used in treating this industrial injury. There remains no report of gastrointestinal complaints or chronic NSAID use."

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral C5-6, C6-7 median branch facet neurotomies with fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Facet joint radiofrequency neurotomy

Decision rationale: The ACOEM Guidelines state, "Invasive techniques (e.g., needle acupuncture and injection procedures, such as injection of trigger points, facet joints, or corticosteroids, lidocaine, or opioids in the epidural space) have no proven benefit in treating acute neck and upper back symptoms." However, these practice guidelines do not specifically address radio frequency neurotomy and thus the Official Disability Guidelines are cited. Regarding the request for bilateral C5-6, C6-7 Median Branch Facet Neurotomies with fluoroscopy, the Official Disability Guidelines provide the following criteria for use of cervical facet radiofrequency neurotomy: 1. Treatment requires a diagnosis of facet joint pain. See Facet joint diagnostic blocks. 2. Approval depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, and documented improvement in function. 3. No more than two joint levels are to be performed at one time (See Facet joint diagnostic blocks). The Utilization Review report stated that "after review of the procedure note from 8/7/2012, the facet injections were intra-articular at C5-6 bilaterally and there has been no injections at C6-7. The appropriate diagnostic medial branch block have not been done." However, in the progress report dated 12/2/2013, the treating physician responds to a previous UR denial on 10/29/2013 for the same request stating "the patient had C5-C6 bilateral facet injections with median branch blocks in August 2012, which provided greater than 70% relief, but for a short period of time. Therefore, the patient has had the diagnostic median branch block." The two reports are conflicting and unfortunately, the referenced procedure note is not available for this review. According to the ODG, approval for cervical facet neurotomy depends upon adequate response to diagnostic blocks. Based on the available documentation, medical necessity cannot be established for bilateral C5-6, C6-7 Median Branch Facet Neurotomies with fluoroscopy.

Norco 10/325: 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 Opioids Page(s): 76-80.

Decision rationale: Norco 10/325mg is an opioid that is recommended for moderate to severe pain. In October 2014, the FDA changed the classification of Norco to a class II drug. With regards to the use of Norco, the California Chronic Pain Medical Treatment Guidelines state the

following about on-going management with opioids: "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 for documentation of the clinical use of these controlled drugs." The guidelines indicate that discontinuation of opioids is appropriate if there is no functional improvement. In the progress report dated 12/2/2013, the treating physician documented that the injured worker's condition continued to be the same but her neck pain was getting worse. The treating physician did not document the pain level without the use of Norco compared to the pain level with the use of Norco. Regarding functional level, there was no documented objective functional improvement with the use of Norco. Addressing adverse effects, the treating physician documented that side effects were discussed. Regarding the evaluation for aberrant behavior, a urine drug test (UDT) was performed on 9/9/2013 but the results were not documented. The treating physician did not adequately address all four domains (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behavior) with regard to the use of Norco 10/325mg. Due to the lack of documentation, Norco 10/325mg 1-2 Q4-6 hours prn pain is not medically necessary at this time. Although Norco is not medically necessary at this time, since it is an opioid, it should not be abruptly halted and the requesting provider should start a weaning schedule as he or she sees fit.

Omeprazole 20mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and GI & Cardiovascular Risk Page(s): 68-69.

Decision rationale: Omeprazole 20mg (Brand: Prilosec) is a proton pump inhibitor (PPI). The Chronic Pain Medical Treatment Guidelines recommend that if a patient is at intermediate risk for gastrointestinal events and has no cardiovascular disease, then a non-selective NSAID with a PPI can be used. The following is used to determine if a patient is at risk for gastrointestinal events: "1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." In the progress report dated 12/2/2014, the injured worker was diagnosed with GI problems due to medications. However, the treating physician stated that the injured worker previously took Ibuprofen but it was discontinued due to severe stomach pain. No other NSAIDs were prescribed on that date. There was no further documentation indicating that the injured worker was at risk for gastrointestinal events. Based on the guidelines, the injured worker's age (66) can put her at possible risk for gastrointestinal events, however, she is not currently taking or being prescribed NSAIDs for her symptoms. There is no indication for a PPI for her industrial injury. Therefore, Omeprazole 20mg QD prn stomach pain is not medically necessary at this time.