

<b>Case Number:</b>	CM14-0002902		
<b>Date Assigned:</b>	01/29/2014	<b>Date of Injury:</b>	02/12/2002
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	12/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2014

### 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 & Rehabilitation and is licensed to practice in Texas. 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 male with a reported date of injury on 09/13/2002. The mechanism of injury was not submitted with the medical records. An operative report dated 01/25/2013 reported a facet medial branch nerve block at levels left L2, L3, and L4. An operative report dated 04/19/2013 noted a radiofrequency neurotomy of left L2, L3, and L4 medial branch nerves, and the L5 dorsal nerve. The progress report dated 11/14/2013 listed diagnoses were lumbosacral spondylosis without myelopathy, displacement of lumbar intervertebral disc without myelopathy, lumbago, thoracic or lumbosacral neuritis, unspecified, spinal stenosis, lumbar region, without neurogenic claudication, spondylolisthesis, post laminectomy syndrome, and lumbar region. A progress report dated 05/31/2013 noted the injured worker had not noted substantial reduction of low back pain after undergoing a radiofrequency neurotomy on 04/19/2013. The progress note dated 10/18/2013 reported the injured worker had decreased back pain at 50% for a few weeks following the radiofrequency neurotomy. The request for an authorization form dated 12/13/2013 was for repeat radiofrequency neurotomy left L2-3 and L3-4, and medication as prescribed due to back pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**REPEAT RADIOFREQUENCY NEUROTOMY AT LEFT L2-L3 AND L3-L4: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS American College of Occupational and Environmental Medicine Guidelines, Page 298-301

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 12, page 300. As well as Official Disability Guidelines (ODG), Low Back, Facet joint radiofrequency neurotomy

**Decision rationale:** The request for a repeat radiofrequency neurotomy at Left L2-L3 and L3-L4 is not medically necessary. The injured worker underwent a radiofrequency neurotomy on 04/19/2013 and reported 50% back pain relief for a few weeks. ACOEM states 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. The Official Disability Guidelines recommend, while repeat neurotomies may be required, this should not occur at an interval of less than 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 12 weeks at >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 guidelines also states approval of repeat neurotomies depend on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medications and documented improvement in function. The progress notes provided reported one month after the radiofrequency neurotomy was performed the injured worker had not noted substantial reduction of low back pain. A progress note 6 months later reported the injured worker has 50% decreased back pain for a few weeks. The documentation provided is inconsistent and there is a lack of evidence documenting a reduction in pain medication or increased function. Therefore, the request is not medically necessary.

**OXYXONTIN 60 MG QUANTITY 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids, Page(s): 78-80.

**Decision rationale:** The request for oxycontin 60mg, quantity 60 is not medically necessary. The injured worker has been on this medication for over 6 months and injection blocks. The California Chronic Pain Medical Treatment guidelines recommend opioids for neuropathic pain that has not responded to first-line recommendations (antidepressants, anticonvulsants). There are not trial no trial of long-term use. The guidelines state the use of opioids for chronic back pain appears to be efficacious but limited for short-term pain relief, and long term efficacy is unclear (>16 weeks), but also appears limited. The guidelines also recommend 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. The guidelines states satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. There is a lack of documentation regarding efficacy of the pain medications and increased functional improvement. In addition, 120mg daily morphine equivalent dose is recommended by CA MTUS guidelines. The injured worker's medication regimen equals 220mg daily morphine equivalent. Therefore, the request is not medically necessary.

**NORCO 10/325 MG QUANTITY 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids Page(s): 78-80.

**Decision rationale:** The request for Norco 10/325mg, quantity 120 is not medically necessary. The injured worker has been on this medication for over 6 months and injection blocks. The California Chronic Pain Medical Treatment guidelines recommend opioids for neuropathic pain that has not responded to first-line recommendations (antidepressants, anticonvulsants). There are not trial no trial of long-term use. The guidelines state the use of opioids for chronic back pain appears to be efficacious but limited for short-term pain relief, and long term efficacy is unclear (>16 weeks), but also appears limited. The guidelines also recommend 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, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. The guidelines states satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. There is a lack of documentation regarding efficacy of the pain medications and increased functional improvement. In addition, 120mg daily morphine equivalent dose is recommended by CA MTUS guidelines. The injured worker's medication regimen equals 220mg daily morphine equivalent. Therefore, the request is not medically necessary.