

Case Number:	CM14-0005227		
Date Assigned:	01/24/2014	Date of Injury:	03/04/1988
Decision Date:	07/23/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/14/2014

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 and Rehabilitation and is licensed to practice in Illinois. 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 58 year old female who reported an injury on 03/04/1988. The injured worker had an evaluation on 12/18/2013 with complaints of back and leg pain. She was status post repeat rhizotomies. She reported increasing incidence of nerve pain into her lower extremities. The injured worker rated pain 5/10 at best and 8/10 at worst. The physical exam findings were weakness to right lower extremity, tenderness over lumbar area generally and focally at facets L3, L4, and L5. Lower extremity neuropathic pain is still under control post neurotomy. The plan is to continue on pain medications. A request for authorization for medical treatment is not included with this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF AVINZA 120MG #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: The request for 1 prescription of Avinza 120mg #180 is not medically necessary. The CA MTUS Chronic Pain Medical Treatment Guidelines recommend review and

documentation of pain relief, functional status, appropriate medication use, and side effects. 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. In addition, the 4 A's analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors provide a framework for documentation of the clinical use of these controlled drugs. The most recent pain assessment lacks adequate monitoring of the medication Avinza. The injured worker has been on this medication since at least 09/27/2012 with documented increasing symptoms of pain. There is no documentation of increased activity with use of Avinza nor side effects noted. There is not a urine drug screen furnished with this review to monitor the risk of abuse. Therefore, the request for refill of Avinza is not medically necessary.

1 BILATERAL LUMBAR RHIZOTOMY AT THE L1, L2, L3, AND L4: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Facet Joint Radiofrequency Neurotomy.

Decision rationale: The request for 1 bilateral lumbar rhizotomy at the L1, L2, L3, and L4 is not medically necessary. The California MTUS/ACOEM guidelines state: Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The Official Disability Guidelines provide criteria for use of facet joint radiofrequency neurotomy procedures. The guidelines indicate treatment requires a diagnosis of facet joint pain using a medial branch block. Repeat neurotomies may be required, but they 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 greater than 50% relief. The current literature does not support that the procedure is successful without sustained pain relief of generally at least 6 months duration. No more than 3 procedures should be performed in a year. Approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in pain score, decreased medications and documented improvements in function. No more than 2 joint levels are to be performed at 1 time. If different regions required neuro blockade, they should be performed at intervals of no sooner than 1 week, and preferably 2 weeks for most blocks. There should be evidence of a formal plan of additional evidence based conservative care in addition to facet joint therapy. The injured worker's previous rhizotomy at these levels of L1, L2, L3, and L4 was performed in 05/2013 and resulted in reduced pain by greater than 50% for 8 months. The injured worker's pain was rated usually a 6, at best a 5, and at worst an 8, and described as intermittent. The clinical evaluation is not specific to indicate that the pain score has decreased as a result of the previous neurotomy. The physical examination does indicate that the injured worker is using less pain medication at this time. However, the guidelines are specific to no more than 2 joint levels to be performed at one time. The request is for lumbar rhizotomy at L1, L2, L3, and L4. This is in excess of the guidelines.

The clinical evaluation does not indicate evidence of a formal plan of additional evidence based conservative care in addition to the facet joint therapy. Therefore, the request for 1 bilateral lumbar rhizotomy at L1, L3, L3, and L4 is not medically necessary.