

Case Number:	CM14-0120984		
Date Assigned:	09/16/2014	Date of Injury:	04/25/2005
Decision Date:	11/18/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/31/2014

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, has a subspecialty in Sports Medicine and is licensed to practice in Georgia. 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, 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 49-year old male who was injured on 04/25/2005. This reportedly occurred while lifting an air-conditioning unit as part of his work-related duties. Prior treatment history has included lumbar rhizotomy which provided more than 50% for more than 6 months, epidural steroid injection, home exercise program, physical therapy and acupuncture treatments. Prior medication history has included oxycodone, Lidoderm patches and Flexeril. Progress report (PR) dated 06/12/2014 documented the patient to have complaints of neck and low back pain. He reported low back pain as constant, sharp and aching without radiation. The pain reportedly increased with activity, and was rated 8/10. Objective findings on exam revealed tenderness of the lumbar spine from L3-L5 bilaterally as well as bilateral facet joint tenderness at L5-S1 level. There was pain in the lumbar spine which worsened with bending. Range of motion of the lumbar spine revealed limitation of movement. There was no evidence of lumbar radiculopathy. The patient was diagnosed with lumbar spondylosis without myelopathy; bilateral lumbar facet syndrome; degenerative disc disease of the lumbar spine; mechanical low back pain; failed conservative therapies for pain control. A recommendation was made for radiofrequency of the bilaterally lumbar facet at L4-L5 and L5-S1 level, a TENS unit, Flexeril 5 mg and Roxicodone 10 mg. Prior utilization review dated 7/2/2014 stated the requests for Radiofrequency of the bilateral lumbar facet (medial branch neurotomy) at L4-L5 and L5-S1 level under fluoroscopy (one side at a time, two weeks apart), 1 TENS Unit, Roxicodone 10mg #18, and Flexeril 5mg #60 were denied as the medical necessity had not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency of the bilateral lumbar facet (medial branch neurotomy) at L4-L5 and L5-S1 level under fluoroscopy (one side at a time, two weeks apart): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar and Thoracic (Acute and Chronic). Criteria for use of facet joint radiofrequency neurotomy:

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methods of Symptom Control for Lower Back Complaints pages 300-301 Page(s): 300-301. Decision based on Non-MTUS Citation ODG) Low Back, Radiofrequency

Decision rationale: The Official Disability Guidelines (ODG) address radiofrequency ablation (RFA), noting first that evidence for efficacy is conflicting and requires a case-by-case evaluation. Criteria dictate that, prior to recommending RFA, prior successful diagnostic medial branch block should be tried and results documented. If a neurotomy has been performed previously, a repeat neurotomy cannot be performed at less than 6-month intervals. Repeat RFA should only be performed if the prior RFA provided at least 12-weeks of > 50% relief, with literature not supporting a successful RFA without relief sustained for at least 6-months duration. Success is determined based on results of documented improvement in VAS score, a reduction in medication need, and documented improvement in function. No more than two-joint levels should be performed at one time. If different regions require neural blockade, they should be performed at 1-2 week intervals. The provided medical records do not contain documents referenced in the prior utilization review (UR), specifically the referenced note from 01/15/2013 which reportedly documented a VAS of 8/10, or the documents wherein the patient "reported 75 percent of pain relief following lumbar radiofrequency" or the reported return of radicular symptoms within one-month post RFA. What the provided medical records do note is somewhat unclear. The letter of medical necessity and interim progress report from 06/12/2014 documented that the patient had a "diagnostic bilateral lumbar facet injection on 08/27/2012" which reportedly provided 70-80% relief for 4-days. What levels the injections were administered is not noted. Elsewhere, in the handwritten progress report, it is noted the patient reported ">50% relief of LBP with previous lumbar Rhizotomy > 6 months", though no mention was made of what side or what levels were involved in the Rhizotomy, nor do the provided documents indicate when the Rhizotomy was performed. No notation is made of associated functional improvements. Based on the Official Disability Guidelines (ODG) guidelines and criteria, and given the pertinent information that was not provided in the included documents, the request is not medically necessary. The provided medical records do not contain documents referenced in the prior utilization review (UR), specifically the referenced note from 01/15/2013 which reportedly documented a VAS of 8/10, or the documents wherein the patient "reported 75 percent of pain relief following lumbar radiofrequency" or the reported return of radicular symptoms within one-month post RFA. What the provided medical records do note is somewhat unclear. The letter of medical necessity and interim progress report from 06/12/2014 documented that the patient had a "diagnostic bilateral lumbar facet injection on 08/27/2012" which reportedly provided 70-80% relief for 4-days. What levels the injections were administered is not noted. Elsewhere, in the handwritten progress report, it is noted the the patient reported ">50% relief of LBP with previous lumbar rhizotomy > 6 months", though no mention was made of what side or what levels were involved in the rhizotomy, nor do the provided documents indicate when the rhizotomy was performed. No notation is made of associated functional improvements.

Based on the Official Disability Guidelines (ODG) guidelines and criteria, and given the pertinent information that was not provided in the included documents, the request is not medically necessary.

1 TENS Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117.

Decision rationale: The Medical Utilization Treatment Schedule (MTUS) discusses transcutaneous electrical nerve stimulation (TENS) as well as other modes of transcutaneous electrotherapy within the Chronic Pain Medical Treatment Guidelines. Regarding TENS, the MTUS notes that it is not recommended as a primary treatment modality; however it is indicated as an adjunct in pain treatment for chronic neuropathic pain as well as other types of chronic intractable pain. MTUS recommends a 1-month trial first. Specifically, TENS is noted to potentially be of some use in neuropathic pain, phantom limb pain, and CRPS. MTUS guidelines recommend TENS for post-operative pain for 30 days or less post-operatively. For chronic intractable pain, a month-long trial is recommended. For chronic intractable pain, MTUS guidelines specify pain must be documented as being present for 3-months or longer, and documentation of a successful one-month trial is required. This documentation should include frequency of use, as well as outcomes of pain relief and function. A 12-lead unit is typically recommended; if a 4-lead unit is recommended, there must be specific documentation of why this is necessary. The provided medical records do not provide documentation which shows whether a 1-month TENS trial has been conducted. Based on the MTUS guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

Roxicodone 10mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list:

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines opioids Page(s): 74-97.

Decision rationale: The Medical Utilization Treatment Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, notes that for ongoing management of pain with opiate medications should include "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." The MTUS also notes that discontinuation of opioids should be considered "If there is no overall improvement in function, unless there are extenuating circumstances", or if there is evidence of illegal activity including diversion. The MTUS recommends opioids should be continued if "the patient has improved functioning and pain." The MTUS "Overall treatment suggestions" note that a trial of opioids as a non-first-line agent for

chronic pain is appropriate. Titration to an effective dose, with discontinuation if not effective, is recommended. During the maintenance phase, careful attention for worsening of pain and appropriate evaluation of possible causes is recommended. Recommendations are made to reassess efficacy of prescribed opiate medications every six months, though the MTUS also notes that if the current dose of opioids is effective, there should be no "attempt to lower the dose if it is working." The provided medical records document that the patient had at least three urine toxicologists which were negative for prescribed oxycodone. [REDACTED], who was treating [REDACTED] at that point, noted in the 01/14/2014 office note that he would no longer prescribe medications for [REDACTED]. Subsequently, on 01/16/2014, [REDACTED] followed up with [REDACTED], who filled a prescription for Roxicodone 10mg, 1-2 TID; the number of tabs filled is illegible. No documented urine toxicology results are provided after [REDACTED] last note. VAS score from the 01/16/2014 through the 06/12/14 progress report by [REDACTED] document the patient's pain as 7-8/10. Given the evidence of possible opiate misuse, and given the overall lack of documented functional improvement, the request is not medically necessary.

Flexeril 5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 64.

Decision rationale: The Medical Utilization Treatment Schedule (MTUS) recommends the use of muscle relaxants with caution as a second-line option for short term treatment of acute exacerbations in patients with chronic low back pain. They may be effective in reducing pain and muscle tension, and increasing mobility. Of note, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. There appears to be no additional benefit beyond NSAIDs, and efficacy appears to diminish over time. Additionally, efficacy appears to diminish over time, and is not recommended for continuous use for longer than two to three weeks. The patient has been on Flexeril since at least February of 2014. Recent VAS score from the 06/12/14 progress report by [REDACTED] document the patient's pain as 8/10. Over the period of time the patient has been prescribed Flexeril, which exceeds the two-to-three week guideline, no functional improvement related to the cyclobenzaprine is noted. Based on the MTUS guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.