

<b>Case Number:</b>	CM14-0125897		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	11/01/2002
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	08/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2014

### 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 Occupational 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:

This is a 57 year old male with a date of injury 11/1/2002. The exact mechanism of injury was not clearly described. The patient underwent bilateral L4 and L5 facet rhizotomies on 4/16/2014. A progress report dated 6/5/14 noted a subjective decrease in back pain since the procedure, from 9/10 to now 6/10. Patient was noted to be in no acute distress. There were no other objective findings documented at that time. A progress report dated 7/2/14 noted a 50% reduction of pain since the rhizotomies as well as increase in activities. A progress report dated 7/30/14 noted continued greater than 50% reduction in pain, as well as less need for pain medication, lasting more than 4 months. Objective findings included pain with motion and palpation at L5. In review of the medical records, the patient is noted to have been on Percocet since 12/2012. There are no urine drug screens or CURES reports submitted for review. Diagnostic Impression: Lumbosacral Spondylosis without Myelopathy, Sprain Lumbar Region. Treatment to Date: Medication management, prior L4 and L5 facet rhizotomies. A UR decision dated 8/6/14 denied the request for facet rhizotomy to lumbar spine. There is no rationale mentioned in the submitted documents available for review. The UR decision also modified a request for Percocet 10/325 mg #90 and certified #45. The guidelines do not support long-term utilization of the narcotic analgesic. The medication is not medically necessary, however, due to the nature of the drug, weaning is typically recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Facet rhizotomy to lumbar spine:** 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), Treatment Index, 12th edition (web) 2014, Low Back, Facet Joint RadioFrequency Neurotomy.

**MAXIMUS 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 Chapter.

**Decision rationale:** CA MTUS does not address this issue. ODG criteria for RFA include evidence of adequate diagnostic blocks, documented improvement in VAS score, documented improvement in function, evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy, at least 12 weeks at 50% relief with prior neurotomy, and repeat neurotomy to be performed at an interval of at least 6 months from the first procedure. However, although there is documentation that the patient has had 50% pain relief at 12 weeks after his first facet rhizotomies, only 4 months have elapsed since his initial procedure. Furthermore, the request does not specify which level(s) are planned in the proposed rhizotomy. Therefore, the request for facet rhizotomy to lumbar spine was not medically necessary.

**Percocet 10/325mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, the patient has been documented to be on Percocet since 2012. There is no documentation of a pain contract, urine drug screens for compliance, or CURES reports submitted for review. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. The records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. Although opiates may be appropriate, additional information would be necessary, as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. A UR decision dated 8/6/14 modified the request from Percocet #90 to #45 to initiate tapering. Therefore, the request for Percocet 10/325 mg #90 was not medically necessary.