

Case Number:	CM14-0135732		
Date Assigned:	08/29/2014	Date of Injury:	03/07/2002
Decision Date:	10/02/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/21/2014

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 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 68 year-old patient sustained an injury on 3/7/2002 while employed by [REDACTED]. Request(s) under consideration include Hydrocone-Bit/APAP 10/325mg #120 and Bilateral permanent lumbar facet injection L2,3,4,5 (AKA radiofrequency ablation) under fluoroscopic guidance IV sedation. Diagnoses include lumbar degeneration/ intervertebral disc/ lumbago; Chronic pain and long-term medications. Report of 6/11/14 from the provider noted the patient with ongoing chronic low back pain. Current medications list Hydrocodone-Bit/ APAP, Prontinix, Cyclobenzaprine, ASA low dose, Atenolol, Hydrochlorothiazide, MVI, Prinivil, Vitamin D, Citalopram, and Prazosin. Diagnoses list Lumbago. Report of 7/15/14 from the provider noted the patient had worsening axial low back pain. Pain had dramatically improved with recent radiofrequency facet injections last done in October 2013. Exam showed back pain worse with extension and rotation with tenderness at L2, L3, L4, and L5. Treatment included medication refills and repeat RFA at 4 levels. The request(s) for Hydrocone-Bit/APAP 10/325mg #120 was modified for #90 to taper and Bilateral permanent lumbar facet injection L2,3,4,5 (AKA radiofrequency ablation) under fluoroscopic guidance IV sedation was non-certified on 7/23/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocone-Bit/APAP 10/325mg, #120: 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): 74-96.

Decision rationale: This 68 year-old patient sustained an injury on 3/7/2002 while employed by [REDACTED]. Request(s) under consideration include Hydrocone-Bit/APAP 10/325mg #120 and Bilateral permanent lumbar facet injection L2,3,4,5 (AKA radiofrequency ablation) under fluoroscopic guidance IV sedation. Diagnoses include lumbar degeneration/ intervertebral disc/ lumbago; Chronic pain and long-term medications. Report of 6/11/14 from the provider noted the patient with ongoing chronic low back pain. Current medications list Hydrocodone-Bit/APAP, Prontinix, Cyclobenzaprine, ASA low dose, Atenolol, Hydrochlorothiazide, MVI, Prinivil, Vitamin D, Citalopram, and Prazosin. Diagnoses list Lumbago. Report of 7/15/14 from the provider noted the patient had worsening axial low back pain. Pain had dramatically improved with recent radiofrequency facet injections last done in 10/15/13. Exam showed back pain worse with extension and rotation with tenderness at L2, L3, L4, and L5; intact neurologics. Medications remained unchanged. The patient remained P&S. Treatment included medication refills and repeat RFA at 4 levels. The request(s) for Hydrocone-Bit/APAP 10/325mg #120 was modified for #90 to taper and Bilateral permanent lumbar facet injection L2,3,4,5 (AKA radiofrequency ablation) under fluoroscopic guidance IV sedation was non-certified on 7/23/14. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities or decrease in medical utilization and pharmacologic profile. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The Hydrocone-Bit/APAP 10/325mg #120 is not medically necessary and appropriate.

Left permanent lumbar facet injection L2,3,4,5 (AKA radiofrequency ablation) under fluoroscopic guidance, IV sedation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back Chapter, 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, Facet joint Radiofrequency neurotomy, pages 420-422: Under study.

Decision rationale: This 68 year-old patient sustained an injury on 3/7/2002 while employed by [REDACTED]. Request(s) under consideration include Hydrocone-Bit/APAP 10/325mg #120 and Right and Left permanent lumbar facet injection L2,3,4,5 (AKA radiofrequency ablation) under fluoroscopic guidance IV sedation. Diagnoses include lumbar degeneration/ intervertebral disc/ lumbago; Chronic pain and long-term medications. Report of 6/11/14 from the provider noted the patient with ongoing chronic low back pain. Current medications list Hydrocodone-Bit/APAP, Prontinix, Cyclobenzaprine, ASA low dose, Atenolol, Hydrochlorothiazide, MVI, Prinivil, Vitamin D, Citalopram, and Prazosin. Diagnoses list Lumbago. Report of 7/15/14 from the provider noted the patient had worsening axial low back pain. Pain had dramatically improved with recent radiofrequency facet injections last done in 10/15/13. Exam showed back pain worse with extension and rotation with tenderness at L2, L3, L4, and L5; intact neurologics. Medications remained unchanged. The patient remained P&S. Treatment included medication refills and repeat RFA at 4 levels. The request(s) for Hydrocone-Bit/APAP 10/325mg #120 was modified for #90 to taper and Right and Left permanent lumbar facet injection L2,3,4,5 (AKA radiofrequency ablation) under fluoroscopic guidance IV sedation was non-certified on 7/23/14. Per Guidelines, Facet joint radiofrequency neurotomy/ ablation have conflicting evidence of efficacy and are considered under study without clear benefit or functional improvement. Additionally, RFA intervention is not recommended over 2 levels as requested here with 4 bilateral levels. Criteria include documented failed conservative treatment trial without evidence of radicular findings not met here. There is no mention of acute flare-up, new injury, or progressive symptoms from continued frequent office treatment with any evidence of failed conservative approach as part of the functional restoration approach for this chronic P&S injury of 2002. No MRI finding of specific facet arthropathy is provided. Submitted reports have not demonstrated objective clinical findings of pain relief in terms of reduction in opioid prescription dosage and medical utilization or an increase in ADLs and function from recent RFA in October 2013. The Left permanent lumbar facet injection L2,3,4,5 (AKA radiofrequency ablation) under fluoroscopic guidance IV sedation is not medically necessary and appropriate.

Right permanent lumbar facet injection L2,3,4,5 (AKA radiofrequency ablation) under fluoroscopic guidance, IV sedation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back Chapter, Facet joint radiofrequency neurotomy

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

Decision rationale: This 68 year-old patient sustained an injury on 3/7/2002 while employed by [REDACTED]. Request(s) under consideration include Hydrocone-Bit/APAP 10/325mg #120 and Right and Left permanent lumbar facet injection L2,3,4,5 (AKA radiofrequency ablation) under fluoroscopic guidance IV sedation. Diagnoses include lumbar degeneration/ intervertebral disc/

lumbago; Chronic pain and long-term medications. Report of 6/11/14 from the provider noted the patient with ongoing chronic low back pain. hCurrent medications list Hydrocodone-Bit/APAP, Prontinix, Cyclobenzaprine, ASA low dose, Atenolol, Hydrochlorothiazide, MVI, Prinivil, Vitamin D, Citalopram, and Prazosin. Diagnoses list Lumbago. Report of 7/15/14 from the provider noted the patient had worsening axial low back pain. Pain had dramatically improved with recent radiofrequency facet injections last done in 10/15/13. Exam showed back pain worse with extension and rotation with tenderness at L2, L3, L4, and L5; intact neurologics. Medications remained unchanged. The patient remained P&S. Treatment included medication refills and repeat RFA at 4 levels. The request(s) for Hydrocone-Bit/APAP 10/325mg #120 was modified for #90 to taper and Right and Left permanent lumbar facet injection L2,3,4,5 (AKA radiofrequency ablation) under fluoroscopic guidance IV sedation was non-certified on 7/23/14. Per Guidelines, Facet joint radiofrequency neurotomy/ ablation have conflicting evidence of efficacy and are considered under study without clear benefit or functional improvement. Additionally, RFA intervention is not recommended over 2 levels as requested here with 4 bilateral levels. Criteria include documented failed conservative treatment trial without evidence of radicular findings not met here. There is no mention of acute flare-up, new injury, or progressive symptoms from continued frequent office treatment with any evidence of failed conservative approach as part of the functional restoration approach for this chronic P&S injury of 2002. No MRI finding of specific facet arthropathy is provided. Submitted reports have not demonstrated objective clinical findings of pain relief in terms of reduction in opioid prescription dosage and medical utilization or an increase in ADLs and function from recent RFA in October 2013. The Right permanent lumbar facet injection L2,3,4,5 (AKA radiofrequency ablation) under fluoroscopic guidance, IV sedation is not medically necessary and appropriate.