

Case Number:	CM14-0020611		
Date Assigned:	04/30/2014	Date of Injury:	07/30/2002
Decision Date:	08/05/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/19/2014

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:

The patient is a 65-year-old male who has filed a claim for disc displacement of lumbar intervertebral disc associated with an industrial injury date of July 30, 2002. Review of progress notes indicates upper and lower back pain with stiffness. Findings include tenderness over the L3 to S1 facet capsules, bilaterally; pain upon rotation extension; and increase in secondary myofascial pain with triggering and ropey fibrotic banding. Lumbar x-rays dated September 09, 2013 showed stable post L5-S1 fusion. MRI of the thoracic spine dated January 29, 2014 showed mild diffuse degenerative disc disease. MRI of the lumbar spine showed post-fusion changes at L5-S1 with no stenosis or neuroforaminal narrowing, and minor degenerative changes at L3-4 and L4-5. Treatment to date has included NSAIDs, Gabapentin, muscle relaxants, opioids, antidepressants, topical analgesics, dorsal rami diagnostic blocks, lumbar facet neurotomies with bilateral radiofrequency neurotomies, and lumbar spinal fusion L5-S1 in 2004. Utilization review from February 10, 2014 denied the requests for omeprazole 20mg #240 as there was no documentation of GI symptoms or risk factors; Naprosyn 500mg #240 as there was no documentation of monitoring for toxicity; and radiofrequency ablation of bilateral L4 and L5 as guidelines allow for only two levels of treatment, and do not support this procedure at a previously fused level.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE 20MG, #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: According to page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are used in patients on NSAID therapy who are at risk for GI events. Risk factors includes age > 65; history of peptic ulcer, GI bleed, or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; and high dose or multiple NSAID use. Use of PPI > 1 year has been shown to increase the risk of hip fracture. Progress notes indicate that this patient has a history of gastritis, and is currently on pantoprazole delayed release tablets 40mg twice a day. Patient currently does not complain of upper GI symptoms while on NSAID therapy. However, there is no indication regarding the need to switch from pantoprazole to omeprazole, and the request for NSAID therapy was likewise not authorized. Therefore, the request for omeprazole 20mg #240 was not medically necessary.

NAPROSYN 500MG, #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66, 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : NSAIDs (nonsteroidal anti-inflammatory drugs) Page(s): 67-69.

Decision rationale: As stated on pages 67-69 of the California MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and there is no evidence of long-term effectiveness for pain or function. Dosing for Naprosyn is 25-500mg twice daily, with maximum dose not exceeding 1000mg. Patient has been on this medication since at least December 2013. There is no documentation regarding symptomatic improvement or objective functional benefits derived from this medication. Also, the requested quantity exceeds the maximum daily dose. Therefore, the request for Naprosyn 500mg #240 was not medically necessary.

RADIOFREQUENCY ABLATION L4 BILATERAL: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter, Facet joint radiofrequency neurotomy.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, criteria for use of facet joint

radiofrequency neurotomy include a diagnosis of facet joint pain using a medial branch block. While repeat neurotomies may be required, they should not occur at an interval of less than 6 months from the first procedure, and should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at 50% relief. No more than 3 procedures should be performed in a year's period. No more than two joint levels are to be performed at one time, and there should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. In this case, bilateral radiofrequency neurotomy of L1-L5 in 2009 and 2010 resulted in marked benefit of axial spinal pain for greater than 70% lasting 18 months, increased functional capacity, and decreased need for narcotic analgesics. In this case, bilateral radiofrequency ablation is a reasonable option as this patient presents with persistent lumbar facet pain symptoms and has had significant benefit from previous ablations. Therefore, the request for radiofrequency ablation L4 bilateral was medically necessary.

RADIOFREQUENCY ABLATION L5 BILATERAL: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter, Facet joint radiofrequency neurotomy.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, criteria for use of facet joint radiofrequency neurotomy include a diagnosis of facet joint pain using a medial branch block. While repeat neurotomies may be required, they should not occur at an interval of less than 6 months from the first procedure, and should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at 50% relief. No more than 3 procedures should be performed in a year's period. No more than two joint levels are to be performed at one time, and there should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. In addition, diagnostic and therapeutic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. In this case, bilateral radiofrequency neurotomy of L1-L5 in 2009 and 2010 resulted in marked benefit of axial spinal pain for greater than 70% lasting 18 months, increased functional capacity, and decreased need for narcotic analgesics. However, facet blocks, which are used prior to radiofrequency neurotomy, are not indicated at levels with previous fusion procedure. Consequently, it follows that radiofrequency neurotomy is also not indicated at levels with previous fusion procedure. This patient has had an L5-S1 fusion in the past. Therefore, the request for radiofrequency ablation L5 bilateral was not medically necessary.