

Case Number:	CM14-0030640		
Date Assigned:	06/20/2014	Date of Injury:	05/12/2000
Decision Date:	08/25/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/10/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and Nevada. 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 46 year old female who sustained an injury on 05/12/00. The mechanism of injury is undisclosed. The injured worker has been followed for continuing complaints of low back pain with facetogenic findings on physical examination. The injured worker did undergo medial branch blocks to the right from L3 through L5 to address the L4-5 and L5-S1 facets on 10/16/13. The clinical follow up on 11/05/13 indicated the injured worker had received 100 percent relief from the medial branch injections for approximately 24 hours with a return of pain the next day. On physical examination, it was noted she continued to have pain over the lumbar facet joints greater to the right side. No evidence of neurological deficit was identified. There was pain with facet loading to the right side in the lumbar spine. Medications at this evaluation did include: Norco 10/325 milligrams taken three times a day as needed for pain and Flexeril 7.5 milligrams. This appeared to have been discontinued due to side effects. The injured worker was also utilizing Medrox patches for topical analgesic relief. The injured worker continued to take Norco 10/325 milligrams at this evaluation and recommended to decrease the amount to 5/325 milligrams at the next refill. Urine toxicology results from 11/06/13 were consistent with the use of Norco. Follow up on 01/15/14 noted no change in physical examination. The injured worker was recommended for a lumbar rhizotomy to the right from L3 through L5 to address the L4 to L5 and L5 to S1 facets. No change to Norco was identified at this evaluation. The injured worker did undergo radiofrequency ablation of the right L4-5 and L5-S1 medial branch nerves on 02/06/14. Follow up on 03/12/14 noted increased pain following the rhizotomy procedures on 02/06/14. Pain scores were at 6/10 on the visual analog scale (VAS). Physical examination noted no change with continued facet loading over the right L4-5 and L5-S1 facets. The injured worker was recommended to continue with a home exercise program and Norco at 10/325 milligrams was continued twice daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen (Norco), Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, page(s) 88-89 Page(s): 88-89.

Decision rationale: The request for Hydrocodone 10/325 milligrams, quantity 90, is not medically necessary. From the clinical reports provided for review, the injured worker's Norco use was reduced to twice daily as needed for pain. Given this medication instruction, it is unclear why a quantity of 90 was prescribed to the injured worker. At most, the injured worker would reasonably require continuing use of Norco at a quantity of 60 per month. The number of tablets requested is not consistent with the instructions from the treating physician. Therefore, this request is not medically necessary.

One rhizotomy on the right at L4-5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-1. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back (Acute & Chronic).

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 Rhizotomy.

Decision rationale: In regards to the request for a rhizotomy on the right at L4 to L5 and L5 to S1, this request is not medically necessary. From the prior utilization report, it is noted that the injured worker received certification for a rhizotomy to the right at L3 to L4 and L4 to L5 to address the L4 to L5 and L5 to S1 facets on 12/18/13. The procedures were scheduled and performed on 02/06/14. This was before the expiration date of the authorized procedure. The request would be considered a repeat rhizotomy which would not be medically necessary.