

Case Number:	CM14-0035518		
Date Assigned:	06/23/2014	Date of Injury:	05/21/2009
Decision Date:	07/25/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/22/2014

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 Pain Medicine and is licensed to practice in Texas. 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 60 year old male who had a work related injury on 05/21/09. The mechanism of injury is not documented. Diagnosis is bilateral lumbar facet pain and bilateral piriformis syndrome. The injured worker has chronic pain and has been treated with bilateral lumbar radiofrequency rhizotomy in the past and reported as always getting good relief. The most recent office note dated 06/24/14 indicates he injured worker is status post lumbar radiofrequency rhizotomy at L4-5, L5-S1 bilaterally (radiofrequency performed on 06/09/2014). The injured worker reported significant pain relief, visual analog scale scores went from 9/10 to 2/10. Prior to treatment the injured worker was taking four, 10 mg hydrocodone tablets a day and now is reduced to two, 10 mg hydrocodone tablets a day. The injured worker continues to take ibuprofen 2 times a day and reduced Skelaxin to one a day. The injured worker is now able to get up quickly from a chair and move without any discomfort, posture has improved, walking/gait has improved. Minor complaints of some piriformis muscle pain in the bilateral buttocks. The injured worker also reports some mild burning pain on top of the right thigh that occurs with prolonged standing and walking. This pain is relieved with rest. On physical examination there is no scoliosis, decreased tenderness bilaterally over the lumbar facet joints. The injured worker denies pain with lumbar extension and rotation bilaterally. There is no SI joint tenderness. Straight leg raising is negative bilaterally. Strength is rated as 5/5 in the lower extremities. Deep tendon reflexes are bilaterally equal within normal limits. Sensory exam is normal. Prior utilization review dated 03/10/14 resulted in a denial.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL LUMBAR RADIOFREQUENCY L4-L5, L5-S1: 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), Low Back, Lumbar Rhizotomy.

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

Decision rationale: The request for bilateral lumbar radiofrequency L4-L5, L5-S1 is not medically necessary. Office note dated 06/24/14 indicates that he is status post lumbar radiofrequency rhizotomy at L4-5, L5-S1 bilaterally (radiofrequency performed on 06/09/2014). The injured worker reported significant pain relief, visual analog scale scores went from 9/10 to 2/10. As such, medical necessity has not been established based Official Disability Guidelines.

HYDROCODONE-ACETAMINOPHEN 10/325 MG #120 REFILLS 0: 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): 74-80.

Decision rationale: The request for hydrocodone-acetaminophen 10/325 #120 is not medically necessary. The clinical documentation submitted for review does not support the request. No clinical documentation of pain level, functional improvement, or urine drug screens. As such, medical necessity has not been established.

IBUPROFEN 800MG #60 REFILLS 0: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, NSAIDs.

Decision rationale: The request for Ibuprofen 800 mg #60 is not medically necessary. The clinical documentation submitted for review does not support the request. Recommended for early, acute phase use only. No clinical documentation of decrease in pain level, functional improvement, As such, medical necessity has not been established.

SKELAXIN 800MG PRN #60 REFILLS 0: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, muscle relaxant.

Decision rationale: The request for Skelaxin 800 mg prn #60 is not medically necessary. The clinical documentation submitted for review does not support the request. No clinical documentation of pain level, functional improvement. The injured worker is now able to get up quickly from a chair and move without any discomfort, posture has improved, walking/gait has improved. Therefore medical necessity has not been established.