

Case Number:	CM14-0051990		
Date Assigned:	07/07/2014	Date of Injury:	10/02/2002
Decision Date:	08/22/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/21/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 59-year-old male with a 10/2/02 date of injury. At the time (3/17/14) of request for authorization for Oxycontin 80mg #120 and 1 Medial branch block rhizotomy at bilateral L4-L5 level, there is documentation of subjective (chronic low back pain) and objective (lumbar limited range of motion, and diminished patellar and ankle jerk reflexes) findings, current diagnoses (chronic industrial lower back injury, chronic low back pain, L4-5 and L5-S1 lumbar degenerative disc disease, and facet atrophy), and treatment to date (medications (including ongoing Oxycontin)) and previous medial branch rhizotomy with 3 months pain relief). Medical reports identify that patient has been stable on chronic opiate pain medication for the last 9 years. Regarding Oxycontin, there is no documentation of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time; that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Oxycontin use to date. Regarding Medial branch block rhizotomy, there is no documentation at least 12 weeks at 50% relief with prior neurotomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 80mg #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; Oxycodone Page(s): 74-80, 92.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time, as criteria necessary to support the medical necessity of Oxycontin. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of Oxycontin. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of chronic industrial lower back injury, chronic low back pain, L4-5 and L5-S1 lumbar degenerative disc disease, and facet atrophy. In addition, medical reports identify that patient has been stable on chronic opiate pain medication for the last 9 years. However, despite documentation of subjective findings (chronic low back pain), there is no (clear) documentation of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time. Furthermore, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Lastly, despite documentation that patient has been stable on chronic opiate pain medication for the last 9 years, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Oxycontin use to date. Therefore, based on guidelines and a review of the evidence, the request for Oxycontin 80mg #120 is not medically necessary.

1 Medial branch block rhizotomy at bilateral L4-L5 level: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Facet Injections.

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.

Decision rationale: MTUS reference to ACOEM guidelines state that lumbar facet neurotomies reportedly produce mixed results and that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. MTUS-Definitions identifies that any treatment intervention should not be continued in

the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of evidence of adequate diagnostic blocks, documented improvement in VAS score, documented improvement in function, no more than two joint levels will be performed at one time, 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, as criteria necessary to support the medical necessity of repeat facet joint radiofrequency neurotomy. Within the medical information available for review, there is documentation of diagnoses of chronic industrial lower back injury, chronic low back pain, L4-5 and L5-S1 lumbar degenerative disc disease, and facet atrophy. However, despite documentation of a prior medial branch rhizotomy that provided at least 3 months of pain relief, there is no documentation at least 12 weeks at 50% relief with prior neurotomy. Therefore, based on guidelines and review of the evidence, the request for 1 Medial branch block rhizotomy at bilateral L4-L5 level is not medically necessary.