MAXIMUS Federal Services

Case Number:	CM14-0188247		
Date Assigned:	11/18/2014	Date of Injury:	11/01/1991
Decision Date:	01/07/2015	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	11/12/2014

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 is a 65-year-old male with an 11/01/91 date of injury. The patient was seen on 9/30/14 with complaints of pain in the low back and right leg. The pain was rated 7/10 on average and was described as aching, dull and sharp. The patient has been noted to be on Norco, Nortriptyline, Gabapentin, Omeprazole, Xanax and other medications. The patient reported that his pain was moderately controlled and denied any adverse reactions. Exam findings revealed normal gait, 5/5 strength in all major muscle groups, and were DTRs 2+ and symmetric. There was a mild tenderness to palpation of the lumbar spine, lumbar facets and pain with lumbar motion. The diagnosis is neuropathic pain and lumbar spondylosis. Treatment to date: spinal cord stimulator, work restrictions, PT, heat, ice, massage, radiofrequency and medications. An adverse determination was received on 10/10/14. The request for Norco5/325mg #75 was modified to #50 given that the patient failed to respond to opioid therapy and weaning was recommended. The request for radiofrequency ablation at L3-L5 was denied given that a medial branch block was not performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco5/325mg #75: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The progress notes indicted that the patient was utilizing Norco at least from 12/5/13 however, given the 1991 date of injury, the duration of opiate use to date is not clear. In addition, the records do not clearly reflect continued analgesia and continued functional benefit. Additionally, the recent UDS test was not available for the review. Although opiates may be appropriate, additional information would be necessary, as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. Lastly, the UR decision dated 10/10/14 modified the request for Norco5/325mg #75 to #50 and weaning was recommended. Therefore, the request for Norco5/325mg #75 was not medically necessary.

Radiofrequency ablation at L3-L5: 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- Lumbar & Thoracic (Acute & Chronic)

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 Chapter RFA

Decision rationale: CA MTUS states that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. In addition, ODG criteria for RFA include at least one set of diagnostic medial branch blocks with a response of 70%, no more than two joint levels will be performed at one time, and evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. However, there is a lack of documentation indicating that the patient underwent a left diagnostic medial branch block. Therefore, the request for 1 left radiofrequency ablation at L3-L5 was not medically necessary.