

Case Number:	CM15-0132970		
Date Assigned:	07/21/2015	Date of Injury:	01/31/2007
Decision Date:	09/24/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	07/09/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 32 year old male, who sustained an industrial injury on 1/31/07. The injured worker was diagnosed as having lumbar degenerative disc disease, lumbosacral or thoracic neuritis and myofascial pain. Treatment to date has included oral medications including Norco, Gabapentin and home exercise program. Currently on 5/23/15, the injured worker complains of low back pain rated 7/10 with radiation to right foot. He is requesting increase in narcotic dose for better pain control. Also, on 5/23/15, the injured worker requested an increase in narcotic for better pain control. Physical exam performed on 5/23/15 revealed tenderness to palpation at L4-S1. A request for authorization was submitted for radiofrequency ablation, Gabapentin 100mg, Omeprazole 20mg and Cyclobenzaprine 7.5mg on 5/23/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency ablation of bilateral L4/S1: Upheld

Claims Administrator 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, criteria for the use of radiofrequency neurotomy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Chapter, Radiofrequency Ablation.

Decision rationale: The records indicate the patient has ongoing low back pain and radiculopathy to the right foot. The current request is for radiofrequency ablation of bilateral L4/S1. The CA MTUS is silent on radiofrequency ablation (RFA). The ODG has this to say regarding RFA: Under study. Conflicting evidence is available as to the efficacy of this procedure and approval of treatment should be made on a case-by-case basis (only 3 RCTs with one suggesting pain benefit without functional gains, potential benefit if used to reduce narcotics). Studies have not demonstrated improved function. Also called Facet rhizotomy, Radiofrequency medial branch neurotomy, or Radiofrequency ablation (RFA), this is a type of injection procedure in which a heat lesion is created on specific nerves to interrupt pain signals to the brain, with a medial branch neurotomy affecting the nerves carrying pain from the facet joints. Criteria for use of facet joint radiofrequency neurotomy: 1. Treatment requires a diagnosis of facet joint pain using a medical branch block. 2. While repeat neurotomies may be required, they should not occur at an interval of less than 6 months from the first procedure. A neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at >50% relief. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration). No more than three procedures should be performed in a year's period. 3. Approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medications and documented improvement in function. 4. No more than two joint levels are to be performed at one time. 5. If different regions require neural blockade, these should be performed at intervals of no sooner than one week, and preferably 2 weeks for most blocks. In this case, the available medical records do not establish objective evidence of pain originating from lumbar facet joints using medial branch blocks with a response of 50% pain reduction for a duration of six weeks. Therefore, the request is not medically necessary.

Cyclobenzaprine 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: The records indicate the patient has ongoing low back pain and radiculopathy to the right foot. The current request is for Cyclobenzaprine 7.5mg #60. The CA MTUS does recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Cyclobenzaprine has been recommended for short-term use not to exceed three weeks. In this case, the provider does not mention an acute exacerbation of the patient's condition or provide

evidence of acute spasms. The medical records fail to establish medical necessity for the request of Cyclobenzaprine.

Norco tab 10-325mg TID PRN; #70: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The records indicate the patient has ongoing low back pain and radiculopathy to the right foot. The current request is for Norco tab 10-325mg TID PRN; #70. According to the MTUS guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. The domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, while there is clear documentation of ongoing low back pain, there is no documentation of the 4 A's. There is no documentation of improved functional ability or return to work. There is also no documentation of adverse side effects or aberrant drug behaviors. There is no discussion of decreasing pain levels and functional improvement with the use of this medication. The MTUS requires much more thorough documentation for continued opioid usage. Medical necessity has not been established.