

Case Number:	CM15-0143337		
Date Assigned:	08/04/2015	Date of Injury:	10/03/2008
Decision Date:	09/01/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/23/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 injured worker is a 65-year-old male who sustained an industrial injury on 10/3/08. The mechanism of injury was not documented. Review of the progress reports from 2/11/15 through 6/24/15 documented on-going use of MS Contin 15 mg 3 times a day. There was no change in the pain assessment and no functional assessment documented in these reports. The 5/19/15 treating physician report documented that the injured worker underwent medial branch blocks at bilateral L3, L4, and L5/S1 with 90% improvement since the procedure on 5/6/15. However, the pain assessment is unchanged from 4/8/15 with low back pain reported as 9/10, aggravated by walking and relieved by bed rest. There is no functional assessment or medication change noted. The 6/24/15 treating physician report indicated that the injured worker underwent medial branch block at bilateral L3, L4, and L5 with 100% relief since procedure. Subjective complaints included grade 9/10 bilateral lower back pain, aggravated by walking and relieved by bed rest. He complained of anxiety, depression and insomnia. Current medications included diclofenac, lorazepam, oxycodone, and morphine. Physical exam documented normal gait and negative straight leg raise bilaterally. Radiofrequency ablation was requested at bilateral L3, L4, and L5. The treatment plan included MS Contin 15 mg, one tablet three times a day for thirty days, and a prescription for Valium 10mg, one tablet as instructed for five days. Authorization was requested for bilateral L3, L4, and L5 radiofrequency ablation, and prescriptions for MS Contin 15 mg and Valium 10 mg. The 7/7/15 utilization review non-certified the request for bilateral L3, L4, and L5 radiofrequency ablation as there was no evidence of a plan for activity based conservative therapy following the procedure. The request for MS Contin 15 mg was modified to MS Contin

15 mg #68 for the purposes of weaning as there was no documentation in the progress reports from 11/4/14 to 6/24/15 of significant functional improvement with the use of this medication. The request for Valium 10 mg was non-certified as there was no evidence of worsening anxiety or increasing insomnia to support the medical necessity of this prescription. The rationale stated that there was no recent use documented which would indicate there was no need for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Bilateral L3,L4 and L5 radiofrequency ablation: 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 - Lumbar & Thoracic, Facet joint diagnostic blocks (injections); Facet joint radiofrequency neurotomy.

Decision rationale: The California MTUS guidelines state that facet neurotomies are under study and should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The Official Disability Guidelines indicate that facet joint radiofrequency ablation (neurotomy, rhizotomy) is under study. Treatment requires a diagnosis of facet joint pain using one set of diagnostic medial branch blocks with a response of 70%. The pain response should last at least 2 hours for Lidocaine. There should be evidence of a formal plan of additional evidenced based conservative care in addition to facet joint therapy. Guideline criteria have not been met. This injured worker presents with low back pain with 100% pain relief reported with medial branch blocks on 5/6/15 continuing on 6/24/15. However, there is no evidence in the medical records to support this level of response. Pain assessments and medication use are unchanged in the medical records since at least 2/11/15. There is no functional assessment documented. Additionally, there is no evidence of a formal plan of additional evidence based conservative care in addition to the requested facet joint therapy. Therefore, this request is not medically necessary at this time.

1 Prescription of MS Contin 15mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Opioids, specific drug list Page(s): 76-80, 93.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines indicate that MS Contin is reserved for patients with chronic pain, who are in need of continuous treatment. On-going management requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Satisfactory response to

treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines suggest that opioids be discontinued if there is no overall improvement in function, unless there are extenuating circumstances, or when there is continuing pain with evidence of intolerable adverse effects. Gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms. Guideline criteria have not been met. This patient presents with on-going grade 9/10 low back pain, reportedly relieved by bed rest. There is no documentation of specific pain relief, functional benefit, appropriate medication use, or side effects in the available medical reports associated with the use of medications. The 7/7/15 utilization review modified this non-specific request for MS Contin 15 mg to MS Contin 15 mg #68 for the purposes of weaning based on an absence of documented functional improvement. There is no compelling rationale provided in the medical necessity to support additional certification at this time. Therefore, this request is not medically necessary.

1 Prescription of Valium 10mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (chronic): Anxiety medication in chronic pain, (2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress: Benzodiazepine; Insomnia treatment.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines do not support the use of chronic benzodiazepines and state that chronic benzodiazepines are the treatment of choice in very few conditions. The Official Disability Guidelines state that a more appropriate treatment for anxiety disorder is an antidepressant and only for very short term use in the treatment of insomnia. Guideline criteria have not been met. This patient presents with on-going complaints of anxiety, depression and insomnia with no current evidence of an exacerbation of these symptoms to support the addition of this medication. Records document that current medications including another benzodiazepine. There is no compelling rationale presented to support the medical necessity of this medication. Therefore, this request is not medically necessary.