

Case Number:	CM15-0145760		
Date Assigned:	08/07/2015	Date of Injury:	04/07/2008
Decision Date:	09/22/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	07/28/2015

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 52-year-old female who sustained an industrial injury on 4/7/08. Injury was reported to the hands, shoulders, right knee, low back and neck due to cumulative trauma while employed as a prison guard. Past surgical history was positive for left carpal tunnel release and left shoulder surgery. Conservative treatment included TENS unit, home exercise program, medications and work restrictions. Records documented the use of Percocet and Norco since at least August 2014. The 8/12/14 lumbar spine MRI impression documented degenerative disc disease at L3/4 and multilevel facet arthropathy moderate at L2/3 and L3/4. Records documented that she underwent left radiofrequency ablation at L4 and L5 on 1/17/14. She underwent bilateral L2, L3, and L4 medial branch blocks on 10/20/14 with reported significant relief >70% of back and buttock pain for 3 weeks with return of symptoms. The 6/17/15 treating physician report indicated that the injured worker underwent right L2-L4 radiofrequency ablation on 3/13/15 with >50% improvement with on going left sided pain. The treating physician stated there were conflicting authorizations for the radiofrequency ablation and she had not had the left sided radiofrequency ablation. She still required medications, as she was incomplete in the process. She also had concurrent upper extremity pain complicating the clinical picture relative to medication use. She was taking Norco 3 to 4 daily and occasionally required one Percocet per day for severe pain. Quality of life was improved on Norco. She was using medications appropriately with no adverse side effects. Functionality was stable on medications. Lumbar spine exam documented paravertebral muscle spasms and tenderness, negative straight leg raise, and positive lumbar facet loading bilaterally. Neurologic exam was normal. The treatment plan

included TENS unit, physical therapy, and current medications. Authorization was requested for left radiofrequency ablation at L2, L3, and L4, Norco 10/325 mg # 480, Percocet 10/325 mg #120, and a urine toxicology screen. The 7/27/15 utilization review non-certified the request for left radiofrequency ablation at L2, L3, and L4 as there was a report of 50% relief with neurotomies but there was no change in the VAS score, no change in the prescribed analgesics, no return to work, and no documented improved function. The request for Norco 10/325 mg #480 was modified to Norco 10/325 mg #80 as there was no documentation of functional improvement and VAS pain benefit with this medication to support continued use. The request for Percocet 10/325 mg #120 was modified to Percocet 10/325 mg #15 as there was no documentation of functional improvement and VAS pain benefit with this medication to support continued use. A request for urine toxicology was modified from a request for 3 visits to a single urine drug test consistent with guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 480: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Opioids, specific drug list Page(s): 76-80, 91.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines support the use of hydrocodone/acetaminophen (Norco) for moderate to moderately severe pain on an as needed basis with a maximum dose of 8 tablets per day. If used on a long-term basis, the criteria for use of opioids should be followed. On-going management requires prescriptions from a single practitioner taken as directed, all prescriptions from a single pharmacy, review and documentation of pain relief, functional status, appropriate medication use, and side effects. Guidelines suggest that opioids be discontinued if there is no overall improvement in function, unless there are extenuating circumstances. This injured worker presents with chronic low back and upper extremity pain. Records indicated that she had been prescribed Norco since at least August 2014. There was no specific VAS pain reduction documented in the progress reports. There was reported improvement in quality of life and stable functionality. The injured worker was taking this medication appropriately with no adverse side effects. She was currently taking 3 to 4 Norco per day. The 7/27/15 utilization review modified the request for Norco 10/325 mg #480 to Norco 10/325 mg #80 that is consistent with reported use. There is no compelling rationale to support the medically necessary of the quantity requested. Therefore, this request is not medically necessary.

Percocet 10/325mg quantity 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Opioids, specific drug list Page(s): 76-80, 91.

Decision rationale: The California MTUS recommend Percocet for moderate to severe pain on an as needed basis for pain. If used on a long-term basis, the criteria for use of opioids should be followed. On-going management requires prescriptions from a single practitioner taken as directed, all prescriptions from a single pharmacy, review and documentation of pain relief, functional status, appropriate medication use, and side effects. Guidelines suggest that opioids be discontinued if there is no overall improvement in function, unless there are extenuating circumstances. Guideline criteria have not been met for continued use of this medication. This injured worker presents with chronic low back and upper extremity pain. Records indicated that she had been prescribed Percocet since at least August 2014. There was no specific VAS pain reduction documented in the progress reports. There was reported improvement in quality of life and stable functionality. The injured worker was taking this medication appropriately with no adverse side effects. She was occasionally taking Percocet once a day for severe pain. The 7/27/15 utilization review modified the request for Percocet 10/325 mg #120 to Percocet 10/325 mg #15 that is consistent with reported use. There is no compelling rationale to support the medical necessity of the quantity requested. Therefore, this request is not medically necessary.

Urine Toxicology: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain (Chronic), Urine drug testing (UDT) Page(s): 43, 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT).

Decision rationale: The California MTUS supports the use of urine drug screening in patients using opioid medication with issues of abuse, addiction, or poor pain control. The Official Disability Guidelines support on-going monitoring if the patient has evidence of high risk of addiction, history of aberrant behavior, history of addiction, or for evaluation of medication compliance and adherence. Random testing no more than twice a year is recommended for patients considered at low risk for adverse events or drug misuse. Those patients at intermediate risk are recommended to have random testing 3 to 4 times a year. Patients at high risk for adverse events/misuse may at a frequency of every other and even every visit. This injured worker has been prescribed opioids on a chronic basis with no documentation of aberrant behavior or inappropriate medication use. There is no evidence of abuse, addiction or poor pain control. Random testing no more than twice a year would be supported by guidelines for this injured worker. The 7/27/15 utilization review modified this request to a single urine drug test. There is no compelling rationale presented to support the medical necessity of additional testing beyond the urine drug test that was certified. Therefore, this request is not medically necessary.

Left Radiofrequency Ablation L2: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Facet Joint Neurotomy.

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. The ODG do not recommended facet joint diagnostic blocks for patients with radicular low back pain. Guideline criteria have been met. This injured worker underwent a medial branch block at bilateral L2, L3, and L4 on 10/20/14 with a greater than 70% reduction in back and buttock pain reported for 3 weeks, followed by return of symptoms. Right and left radiofrequency ablation was requested based on the positive response achieved. Right radiofrequency ablation was performed on 3/13/15 but authorization for the left radiofrequency ablation was not provided. She had a 50% relief with the right sided radiofrequency ablation but had not had complete relief, as the left side was not done. She continued to require medications for both the left sided low back and buttock pain and her concurrent upper extremity issues. Physical therapy has been requested as part of the treatment plan. A home exercise program and TENS unit is documented. Given the benefit with medial branch blocks, this request is consistent with guidelines. Therefore, this request is medically necessary.

Left Radiofrequency Abalation L3: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Criteria for use of facet joint radiofrequency neurotomy.

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. The ODG do not recommended facet joint diagnostic blocks for patients with radicular low back pain. Guideline criteria have been met. This injured worker underwent a medial branch block at bilateral L2, L3, and L4 on 10/20/14 with a greater than

70% reduction in back and buttock pain reported for 3 weeks, followed by return of symptoms. Right and left radiofrequency ablation was requested based on the positive response achieved. Right radiofrequency ablation was performed on 3/13/15 but authorization for the left radiofrequency ablation was not provided. She had a 50% relief with the right sided radiofrequency ablation but had not had complete relief, as the left side was not done. She continued to require medications for both the left sided low back and buttock pain and her concurrent upper extremity issues. Physical therapy has been requested as part of the treatment plan. A home exercise program and TENS unit is documented. Given the benefit with medial branch blocks, this request is consistent with guidelines. Therefore, this request is medically necessary.

Left Radiofrequency Ablation L4: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Criteria for use of facet joint radiofrequency neurotomy.

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. The ODG do not recommended facet joint diagnostic blocks for patients with radicular low back pain. Guideline criteria have been met. This injured worker underwent a medial branch block at bilateral L2, L3, and L4 on 10/20/14 with a greater than 70% reduction in back and buttock pain reported for 3 weeks, followed by return of symptoms. Right and left radiofrequency ablation was requested based on the positive response achieved. Right radiofrequency ablation was performed on 3/13/15 but authorization for the left radiofrequency ablation was not provided. She had a 50% relief with the right sided radiofrequency ablation but had not had complete relief, as the left side was not done. She continued to require medications for both the left sided low back and buttock pain and her concurrent upper extremity issues. Physical therapy has been requested as part of the treatment plan. A home exercise program and TENS unit is documented. Given the benefit with medial branch blocks, this request is consistent with guidelines. Therefore, this request is medically necessary.