

Case Number:	CM15-0187249		
Date Assigned:	09/29/2015	Date of Injury:	06/13/2001
Decision Date:	11/06/2015	UR Denial Date:	09/12/2015
Priority:	Standard	Application Received:	09/23/2015

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: California
 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 64 year old male, who sustained an industrial injury on 6-13-2001. He reported developing neck and low back pain from cumulative trauma. Diagnoses include chronic pain syndrome, cervicgia, cervical spondylosis without myelopathy, headaches and insomnia due to chronic pain. Treatments to date include activity modification, anti-inflammatory, opioid, chiropractic therapy, medial branch blocks and radiofrequency procedures noted to reduce neck pain and headaches up to 80%. Currently, he complained of ongoing neck pain, right greater than left, rated 8 out of 10 VAS with associated headaches daily. There was radiofrequency lesioning completed to the right side of the neck, last noted provided in February 2015, with benefit wearing off over the previous three to four weeks. He underwent left side cervical radiofrequency on 8-28-15, which was noted to be too soon to report effectiveness. On 8-31-15, the physical examination documented decreased cervical range of motion, sub-occipital tenderness, and pain in bilateral upper back and shoulder region. Facet tenderness and positive right side cervical facet loading test was noted. The plan of care included repeat right side cervical radiofrequency ablation. The appeal requested authorization for radiofrequency lesioning on the right at C3, C4, and C5 under fluoroscopic guidance; Norco 10-325mg #90 for 9-2-15; and Norco 10-325 #90 for 10-2-15. The Utilization Review dated 9-12-15; denied the authorization for the radiofrequency ablation; and modified the Norco requests to allow Norco 10-325 #45 for 9-2-15; and Norco 10-325mg #30 for 10-2-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency lesioning on the right at C3, C4, and C5 under fluoroscopic guidance:

Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic), Facet joint radiofrequency neurotomy.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: The patient has undergone previous blocks and RFAs now with request for repeating cervical radiofrequency ablation. Per Guidelines, facet blocks are not recommended except as a diagnostic tool as there is minimal evidence for treatment and current evidence is conflicting as to this procedure. At this time no more than one therapeutic intra-articular block is suggested and with positive significant relief for duration of at least 6 weeks, the recommendation is to proceed with subsequent neurotomy. Additionally, facet blocks are not recommended in patient who may exhibit radiating symptoms or is without defined imaging correlation not demonstrated here nor are they recommended over 2 joint levels concurrently (C3, C4, C5) as requested here. Submitted reports have not demonstrated support outside guidelines criteria. Previous radiofrequency procedures last on 2/3/15 at C3, C4, C5 are noted to provide 80% relief; however, report of 1/5/15 noted 8/10 pain level and report of 2/9/15 after the procedure noted 6/10 with 8/10 at its worse pain level. There was no specific duration of relief identified and objective clinical findings of pain relief in terms of reduction in prescription dosage, medical utilization or an increase in ADLs and function were demonstrated to repeat procedures for this chronic 2001 injury. Per Guidelines, Facet joint radiofrequency neurotomy/ablation has conflicting evidence of efficacy and is considered under study without clear benefit or functional improvement. Criteria include documented failed conservative treatment trial; however, none are presented here in terms of therapy or pharmacological treatment trial for any new injury, acute flare-up, or progressive clinical changes. There is no documented ADL limitations documented, no updated imaging study confirming diagnoses presented. Additionally, there is no provision of imaging identifying severe facet arthropathy. Guidelines criteria for repeating the procedure also includes at least 50% improvement for at least 12 weeks duration, not demonstrated here. The Radiofrequency lesioning on the right at C3, C4, and C5 under fluoroscopic guidance are not medically necessary and appropriate.

Norco 10/325mg #90 (DNF before 9/2/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, long-term assessment, Opioids, cancer pain vs. nonmalignant pain.

Decision rationale: Review indicates requests for Norco (2 dates) were modified. The MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status with persistent severe pain for this chronic 2001 injury without acute flare, new injury, or progressive neurological deterioration. The Norco 10/325mg #90 (DNF before 9/2/2015) is not medically necessary and appropriate.

Norco 10/325mg #90 (DNF before 10/2/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, cancer pain vs. nonmalignant pain.

Decision rationale: Review indicates requests for Norco (2 dates) were modified. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. It cites opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated specific improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. Additionally, there is no demonstrated evidence of specific increased functional status derived from the continuing use of opioids in terms of decreased pharmacological dosing with persistent severe pain for this chronic 2001 injury without acute flare, new injury, or progressive neurological deterioration. The Norco 10/325mg #90 (DNF before 10/2/2015) is not medically necessary and appropriate.