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| Case Number: | CM15-0187458 | | |
| Date Assigned: | 09/29/2015 | Date of Injury: | 07/26/2013 |
| Decision Date: | 11/09/2015 | UR Denial Date: | 09/22/2015 |
| 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: Emergency Medicine

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 54 year old male, who sustained an industrial injury on 7-26-13. Medical records indicate that the injured worker is undergoing treatment for lumbar herniated nucleus pulposus with stenosis, lumbar radiculopathy and facet arthropathy of lumbar spine. The injured workers current work status was not identified. On (8-27-15) the injured worker complained of persistent low back pain with painful numbness in the bilateral thighs. The pain was rated 7 out of 10 on the visual analogue scale. Examination of the lumbar spine revealed tenderness to palpation over the lower facet regions and pain with facet loading bilaterally at lumbar four-five and lumbar five-sacral one. Range of motion was noted to be limited and painful. Sensation was intact and motor strength was 5-5. Subsequent progress reports (7-27-15, 6-16-15 and 5-7-15) indicate that the injured workers pain levels were consistent at 6-7 out of 10. Treatment and evaluation to date has included medications, lumbar medial branch block, MRI of the lumbar spine (4-28-15), electrodiagnostic studies, urine toxicology screening, epidural steroid injections and chiropractic treatments. The lumbar medial branch blocks were noted to give the injured worker 75 percent pain relief. Current medications include Norco (since at least April of 2015), Naproxen and Lunesta. Medications tried and failed include Advil, Tylenol and Aleve. The request for authorization dated 9-9-15 includes a request for Norco 10-325 mg # 120 and a bilateral lumbar four-five and lumbar five-sacral one rhizotomy. The Utilization Review documentation dated 9-22-15 non-certified the request for Norco 10-325 mg # 120 and the bilateral lumbar four-five and lumbar five-sacral one rhizotomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter (online version) Opioids, criteria for use.

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

Decision rationale: The requested Norco 10/325mg #120, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has persistent low back pain with painful numbness in the bilateral thighs. The pain was rated 7 out of 10 on the visual analogue scale. Examination of the lumbar spine revealed tenderness to palpation over the lower facet regions and pain with facet loading bilaterally at lumbar four-five and lumbar five-sacral one. Range of motion was noted to be limited and painful. Sensation was intact and motor strength was 5-5. Subsequent progress reports (7-27-15, 6-16-15 and 5-7-15) indicate that the injured workers pain levels were consistent at 6-7 out of 10. The treating physician has not documented duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 10/325mg #120 is not medically necessary.

Bilateral L4-5 and L5-S1 Rhizotomy: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic Chapter (Online Version) Facet Joint Radiofrequency Neurotomy, Facet Joint Diagnostic Blocks (injections).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute &Chronic)-(updated 07/03/14), Radio-Frequency Ablation.

Decision rationale: The requested Bilateral L4-5 and L5-S1 Rhizotomy, is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Low Back Chapter, Pages300-301, note that lumbar facet neurotomies produce mixed results and should be performed only after medial branch blocks. Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute &Chronic)-(updated 07/03/14), Radio-Frequency Ablation, recommend facet

neurotomies if successful diagnostic medial branch blocks (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive); No more than 2 joint levels may be blocked at any one time. Approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, and documented improvement in function. The injured worker has persistent low back pain with painful numbness in the bilateral thighs. The pain was rated 7 out of 10 on the visual analogue scale. Examination of the lumbar spine revealed tenderness to palpation over the lower facet regions and pain with facet loading bilaterally at lumbar four-five and lumbar five-sacral one. Range of motion was noted to be limited and painful. Sensation was intact and motor strength was 5-5. Subsequent progress reports (7-27-15, 6-16-15 and 5-7-15) indicate that the injured workers pain levels were consistent at 6-7 out of 10. The treating physician has documented sufficient improvement from a medial branch block to warrant a rhizotomy. The criteria noted above having been met, Bilateral L4-5 and L5-S1 Rhizotomy is medically necessary.