

Case Number:	CM15-0188934		
Date Assigned:	09/30/2015	Date of Injury:	05/30/2000
Decision Date:	12/09/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	09/25/2015

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: Tennessee, Florida, Ohio
 Certification(s)/Specialty: Surgery, Surgical Critical Care

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 72 year old female, who sustained an industrial injury on 5-30-2000. The medical records submitted did not include clear documentation regarding the initial injury. Diagnoses include chronic intractable pain; lumbar degenerative disc disease with stenosis and radiculopathy, bilateral Sacroiliac joint dysfunction, status post right hip surgery, status post left SI joint fusion and fusion re-vision on 6-30-15, status post lumbar surgery. Treatments to date include activity modification, medication therapy, and physical therapy, and insertion of a spinal cord stimulator. Currently, she complained of ongoing pain low back with intermittent pain and numbness to bilateral lower extremities. Pain was rated 9 out of 10 VAS and 3 out of 10 VAS with medications. Current medications included Ambien, Meloxicam, Neurontin, Robaxin, Norco, and Oxycodone, all prescribed since at least April 2015. On 8-21-15, the physical examination documented an antalgic gait and use of a single point cane for ambulation. There was tenderness over the sacroiliac joint bilaterally and decreased sensation in the left lower extremity. The straight leg raise test was positive on the left side. On 8-25-15, a corrected report from that evaluation, included documentation discussion indicating prior radiofrequency ablation in 2010 and 2014 had provided excellent relief of the low back symptoms. The plan of care included radiofrequency ablation and medication management as previously prescribed. The appeal requested authorization for radiofrequency ablation at bilateral L1-2 and L2-3; Home Health Care; Norco 10-325mg #150; and Ambien 10mg #15. The Utilization Review dated 9-21-15, modified the request to allow Norco 10-325 #135 and Ambien 10mg #14, and denied the radiofrequency ablation and the Home Health Care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radio frequency ablation at bilateral L1-2 and L2-3, QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip and Pelvis Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Pain (Acute & Chronic) / Facet joint diagnostic blocks (injections).

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of RF joint injection for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address this topic. According to the Official Disability Guidelines (ODG), "No more than two joint levels are to be performed at one time." Per the medical documentation submitted, this patient has been requested to receive treatment of 2 joint levels at L1-2 -and L2-3. Medical records support that this patient has had a favorable outcome with prior RF therapy. However, there is no evidence of a formal plan to provide additional evidence based conservative care in addition to the patient's proposed facet therapy. Therefore, based on the submitted medical documentation, the request for lumbar facet RF injection therapy at L1-2 & L2-3, is not medically necessary.

Home health care, QTY: 48.00: 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): Home health services.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of a Home Health RN for this patient. The clinical records submitted do not support the fact that this patient would require Home Health nursing services for no more than 35 hours per week. The California MTUS Guidelines state that Home Health Services are recommended only for medical treatment of "patients who are homebound, on a part-time or 'intermittent' basis, generally up to no more than 35 hours per week." Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. This patient has been recommended to receive a home health due to use of a cane and chronic pain. There is no clear indication that home health services would have a clear and definite benefit for this patient's chronic condition. Therefore, based on the submitted medical documentation, the request for a home health RN is not medically necessary.

Norco 10/325mg, QTY: 150.00: 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 for chronic pain.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommends that dosing "not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose." Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's pain (in terms of percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. Therefore, based on the submitted medical documentation, the request for Norco 10/325 is not medically necessary.

Ambien 10mg, QTY: 15.00: 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, Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Mental Illness and Stress, Zolpidem.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of this medication. Per the Official Disability Guidelines (ODG), "zolpidem is not recommended for long-term use." The clinical records submitted do support the fact that this patient has a remote history of insomnia. However, the records do not support the long-term use of this medication for that indication. Specifically, the patient's most recent clinical encounters do not document signs or symptoms of current insomnia. Therefore, based on the submitted medical documentation, the request for zolpidem is not medically necessary.