

Case Number:	CM15-0190591		
Date Assigned:	10/02/2015	Date of Injury:	05/09/2013
Decision Date:	12/01/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/28/2015

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: 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 48 year old male who sustained an industrial injury 05-09-13. A review of the medical records reveals the injured worker is undergoing treatment for cervicalgia, cervical and lumbar facet dysfunction, lumbago, depression, headache, bilateral knee pain status post-surgery, degenerative joint disease, meniscal tear, chronic pain syndrome, opioid dependence, and history of gastric ulcer. Medical records (07-29-15) reveal the injured worker complains of pain rated at 10/10 without medications and 5/10 with medications. The physical exam (07-29-15) reveals decreased sensation to light touch in the right foot. Weakness was noted on the bilateral knee extension. Tenderness to palpation was noted over the cervical paraspinal musculature upper trapezius, scapular border, lumbar paraspinal musculature, and bilateral knees. Prior treatment includes bilateral knee surgeries, medications, and injections. The original utilization review (08-27-15) non-certified the request for a bilateral L3-5 medial branch block, radiofrequency ablation under fluoroscopy, Percocet 10/325 #90, Lyrica 150mg #60, and Omeprazole 20mg #30, as well as a urine drug screen. The documentation supports that he injured worker has a history of gastric ulcer, and has been on Percocet and Lyrica since at least 03-04-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3, L4, and L5 medial branch radiofrequency ablation with fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

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 ablation 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 3 joint levels at L3, L4 and L5. Treatment of more than 2 levels is not recommended at one time. Additionally, 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 injection therapy at L3-L5 using fluoroscopic guidance is not medically necessary.

Percocet 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

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

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 Percocet 10/325 is not medically necessary.

Lyrica 150mg #60: 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): Antidepressants for chronic pain.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. California Medical Treatment Guidelines indicate that Lyrica has been documented to be effective in the treatment of diabetic neuropathy and post herpetic neuralgia, and has FDA approval for both indications. It has also been approved for the treatment for fibromyalgia. Per the documentation submitted for review, there is no clear indication that the patient has current neuropathic pain or fibromyalgia for which Lyrica would be indicated. Therefore, based on the submitted medical documentation, the request for Lyrica is not medically necessary.

Omeprazole 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of the requested prescription for this patient. The clinical records submitted do not support the fact that this patient has refractory GERD resistant to H2 blocker therapy or an active h. pylori infection. The California MTUS guidelines address the topic of proton pump prescription. In accordance with California MTUS guidelines, PPI's (Proton Pump Inhibitors) can be utilized if the patient is concomitantly on NSAIDs and if the patient has gastrointestinal risk factors. This patient is not on NSAIDs. Additionally, per the Federal Drug Administration's (FDA) prescribing guidelines for PPI use, chronic use of a proton pump inhibitor is not recommended due to the risk of developing atrophic gastritis. Short-term GERD symptoms may be controlled effectively with an H2 blocker unless a specific indication for a proton pump inhibitor exists. This patient's medical records support that he has a history of gastric ulcer with GERD. However, the patient has no documentation of why chronic PPI therapy is necessary. Reevaluation of the patient's ulcer has not been documented despite chronic PPI therapy. The patient has no records that indicate an active h. pylori infection. Therefore, based on the submitted medical documentation, the request for Omeprazole prescription is not medically necessary.

Urinalysis: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Back Pain, Urine drug testing (UDT) and Urinalysis.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. The Official Disability Guidelines (ODG) state that urinalysis is recommended preoperatively for patients undergoing invasive urologic procedures and those undergoing implantation of foreign material. Electrolyte and creatinine testing should be performed in patients with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure. In the clinical notes provided for review, the injured worker was diagnosed with knee pain and chronic back pain. There is no other documentation of other signs and symptoms to warrant a request for urine dipstick. Therefore, based on the submitted medical documentation, the request for urine dipstick is not medically necessary.