MAXIMUS Federal Services

Case Number:	CM15-0203360		
Date Assigned:	10/20/2015	Date of Injury:	10/09/2014
Decision Date:	12/02/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/15/2015

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 44 year old male, who sustained an industrial injury on 10-09-2014. He has reported injury to the low back. The diagnoses have included lumbosacral sprain-strain; lumbar facet syndrome; lumbar degenerative disc disease; facet arthropathy; and sacroiliac ligament sprain. Treatment to date has included medications, diagnostics, activity modification, chiropractic therapy, lumbar medial branch block, and physical therapy. Medications have included Norco, LidoPro cream, Lunesta, and Omeprazole. A progress report from the treating physician, dated 08-21-2015, documented an evaluation with the injured worker. The injured worker reported constant left-sided low back pain that radiates to his left lower extremity; the pain initially radiated to his left buttock but has extended down over time to his knee and intermittently to his big toe; he has tingling of his left lower extremity in the same distribution as his pain; laying or any other prolonged position such as sitting and standing exacerbate his pain; pain frequently interferes with activities of daily living, especially sleep; he has done approximately one week of physical therapy which was of no benefit at that time; and his chiropractic sessions provide temporary benefit for about 1-2 days until the pain returns. Objective findings included he is in no acute distress; slight antalgic gait; tenderness to palpation of his lower lumbar spine and left paraspinal muscles; tenderness to palpation of his bilateral sacroiliac joints with positive Faber on the left; decreased sensation to light touch in the L4 distribution on the left; and straight leg raise on the left is mildly positive. The treatment plan has included the request for Norco 10-325mg #60 with 0 refills; and follow-up for lumbar facet radiofrequency ablation. The original utilization review, dated 10-06-2015, modified the request

for Norco 10-325mg #60 with 0 refills, to Norco 10-325mg #30; and non-certified the request for lumbar facet radiofrequency ablation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60 with 0 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Acetaminophen.

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

Decision rationale: Based on the 9/23/15 progress report provided by the treating physician, this patient presents with constant low back pain that is worse with activity, rated 7/10. The treater has asked for Norco 10/325MG #60 with 0 refills on 9/23/15. The patient's diagnoses per request for authorization dated 9/23/15 are lumbar facet syndrome, OA/DJD general unspecified, lumbar degenerative disc disease, sacroiliacligament s/s. The patient also states that his back pain radiates to his left lower extremity and intermittently to his big toe per 8/22/15 report. There is no history of surgeries to the spine per review of reports. The patient denies any new symptoms or change in symptoms per 9/23/15 report. The patient is s/p 1 week of physical therapy which was of no benefit per 8/22/15 report. The patient states that Norco is "mildly helpful" for pain relief, and that Lidopro cream is less beneficial than Norco per 9/23/15 report. The patient is having less irritation with Prilosec per 9/23/15 report. The patient is currently not working per 9/23/15 report. MTUS, criteria for use of opioids section, pages 88 and 89 states that "pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, criteria for use of opioids section, page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, criteria for use of opioids section, page 77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, medications for chronic pain section, page 60 states that "relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, opioids for chronic pain section, pages 80 and 81 states that "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." The treater does not discuss this request in the reports provided. The patient has been taking Norco since 8/22/15. MTUS requires appropriate discussion of all the 4A's; however, in addressing the 4A's, the treater does not discuss how this medication significantly improves patient's activities of daily living. No validated instrument is used to show analgesia. There is no UDS, no CURES and no opioid contract provided. Given the lack of documentation as required by MTUS, the request does not meet the specifications given by the guidelines. Furthermore, MTUS pg. 80 states that there is no evidence that radiculopathy should be treated with opiates, and also that the efficacy of opiate use for chronic low back pain beyond 16 weeks is not clear and appears to be limited. Therefore, the request is not medically necessary.

Follow-up for lumbar facet radiofrequency ablation: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

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 -
Lumbar & Thoracic (Acute & Chronic) chapter, under Facet joint radiofrequency neurotomy and Other Medical Treatment Guidelines ACOEM Chapter 7, page 127.

Decision rationale: Based on the 9/23/15 progress report provided by the treating physician, this patient presents with constant low back pain that is worse with activity, rated 7/10. The treater has asked for Follow-Up for Lumbar Facet Radiofrequency Ablation on 9/23/15. The patient's diagnoses per request for authorization dated 9/23/15 are lumbar facet syndrome, OA/DJD general unspecified, lumbar degenerative disc disease, and sacroiliac ligament s/s. The patient also states that his back pain radiates to his left lower extremity and intermittently to his big toe per 8/22/15 report. There is no history of surgeries to the spine per review of reports. The patient denies any new symptoms or change in symptoms per 9/23/15 report. The patient is s/p 1 week of physical therapy which was of no benefit per 8/22/15 report. The patient states that Norco is "mildly helpful" for pain relief, and that Lidopro cream is less beneficial than Norco per 9/23/15 report. The patient is having less irritation with Prilosec per 9/23/15 report. The patient is currently not working per 9/23/15 report. ACOEM, Independent Medical Examinations and Consultations, Chapter 7, page 127 states that the "occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work." MTUS Chronic Pain Guidelines 2009, page 8, Introduction Section, Pain Outcomes and Endpoints, Regarding follow-up visits states that the treater "must monitor the patient and provide appropriate treatment recommendations." ODG, Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, under Facet joint radiofrequency neurotomy states: "Criteria for use of facet joint radiofrequency neurotomy: 1. Treatment requires a diagnosis of facet joint pain using a medial branch block as described above. See Facet joint diagnostic blocks (injections). 2. While repeat neurotomies may be required, they should not occur at an interval of less than 6 months from the first procedure. A neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at 50% relief. The current literature does not support that the procedure is successful without sustained pain relief, generally of at least 6 months duration. No more than 3 procedures should be performed in a year's period. 3. Approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medications and documented improvement in function. 4. No more than two joint levels are to be performed at one time. 5. If different regions require neural blockade, these should be performed at intervals of no sooner than one week, and preferably 2 weeks for most blocks. 6. There should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy." In this case, the patient has persistent radicular low back pain despite multiple conservative modalities including chiropractic, physical therapy, rest, and activity modification. The treater is requesting a follow up for a lumbar facet radiofrequency

ablation per progress report dated 9/23/15. Utilization review letter dated 10/6/15 denies request due to lack of a procedural report and efficacy in response to lidocaine. There is documentation that the patient had a successful medial branch block according to the treater, although the patient himself stated that he did not experience relief from the injection per 8/22/15 report. Review of the medical records provided did not indicate that the patient has had a prior radiofrequency ablation. However, radiofrequency ablation is not recommended when radicular findings are present. Therefore, the request is not medically necessary.