

Case Number:	CM15-0203573		
Date Assigned:	10/21/2015	Date of Injury:	11/03/1997
Decision Date:	12/09/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/16/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 47 year old male who sustained an industrial injury on 11-3-97. The injured worker reported back pain with lower extremity radiation. A review of the medical records indicates that the injured worker is undergoing treatments for lumbosacral spondylosis without myelopathy, degeneration of lumbar or lumbosacral intervertebral disc, post-laminectomy syndrome of the cervical region. Medical records dated 9-1-15 indicate pain rated at 7 out of 10. Treatment has included status post cervical fusion, radiographic studies, physical therapy, trigger point injections, epidural steroid injections, medial branch blocks, lumbar radiofrequency ablation, acupuncture treatment, Morphine since at least January of 2015, Norco, Darvocet, Advil, Neurontin, Lyrica, Robaxin, Celebrex, Tramadol, Vicodin, and Fentanyl. His current medications include morphine CR 30 mg tid and norco 10/325 1 tab tid prn. Objective findings dated 9-1-15 were notable for tenderness to middle spinous process, facet tenderness, sciatic notch and restricted and painful range of motion, facet loading test positive bilaterally. Patient had received lumbar radiofrequency ablation on December 23 2014 and per the notes, at a reevaluation on 1/28/15 that gave 40-45% pain relief. The patient has had a history of serious side effects with prior lumbar radiofrequency ablation injections. The patient had received lumbar radiofrequency ablation on 7/18/11, 3/19/12, 1/2/13, and 10/2/13. The patient sustained the injury due to a slip and falls incident. Per the notes, the patient had 50% pain relief with the use of medication without side effects. The patient has had a MRI of the lumbar spine on 7/31/2009 that revealed disc protrusions. The patient's surgical history included cervical fusion in 1995. The patient had a UDS that was consistent. Per the notes

dated 9/1/15 there were 2 prior episodes of aberrant drug behavior. The patient has had history of dyspepsia and disorder of the stomach.

IMR ISSUES, DECISIONS AND RATIONALES

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

One radiofrequency lesioning at left L3, L4, L5: Upheld

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 (Acute & Chronic): Facet joint radiofrequency neurotomy (2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back (updated 09/22/15) Facet joint radiofrequency neurotomy Facet joint diagnostic blocks (injections) Facet joint medial branch blocks (therapeutic injections) Facet joint intra-articular injections (therapeutic blocks).

Decision rationale: Request: One radiofrequency lesioning at left L3, L4, L5CA MTUS and ACOEM Guidelines do not address this request. Therefore ODG used. As per cited guideline for facet joint radiofrequency neurotomy "Under study. 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." Patient had received lumbar radiofrequency ablation on December 23 2014. Per the notes, on 1/28/15, that gave 40-45% pain relief. The patient has had history of serious side effects with prior lumbar radiofrequency ablation injections. As per cited guidelines, "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 last radiofrequency neurotomy did not give more than 50% relief for at least 12 weeks. The patient had a diagnoses of back pain with lower extremity radiation. The patient has had a MRI of the lumbar spine on 7/31/2009 that revealed disc protrusions. As per the cited guidelines there should be no evidence of radicular pain, however in this case, there is a possibility of radiculopathy. As per cited guideline, there should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy, which was not specified in the records provided. The patient has received an unspecified number of the PT visits conservative treatment for this injury. A detailed response of the PT visits was not specified in the records provided. The request for one radiofrequency lesioning at left L3, L4, and L5

is not medically necessary for this patient.

Morphine Sulfate CR 30mg, #90: Upheld

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

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

Decision rationale: Morphine Sulfate CR 30mg, #90. This is an opioid analgesic. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided. Per the notes dated 9/1/15 there were 2 prior episodes of aberrant drug behavior. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The Morphine Sulfate CR 30mg, #90 is not medically necessary for this patient, given the records submitted and the guidelines referenced. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms.