

Case Number:	CM15-0206428		
Date Assigned:	10/23/2015	Date of Injury:	01/03/2005
Decision Date:	12/07/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	10/21/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 female who sustained an industrial injury on January 03, 2005. The worker is being treated for: lumbago, lumbosacral disc degeneration, chronic pain, thoracic and lumbar radiculitis. Subjective: October 12, 2015 she reported still having "the heavy feeling and sciatica down her left leg feels heavy to the foot with occasional spasms in the lower back." The H-Wave is noted "helping." She reports good response with Lidoderm and Celebrex works better than Motrin, but "unable to get approval." She is using the H-wave daily with up to one hour symptom relief afterward. Objective: October 12, 2015 noted "the non-pharmacological approach of back brace, H-wave helps her symptom as well as the topical compounding cream." Medications: allergy to: PCN, and Codeine. August 03, 2015: Percocet, Motrin, trial of Lyrica, Lidoderm patch, and topical compound cream Flurbiprofen, Lidocaine, and another containing Flexeril and Lidocaine alternating. September 08, 2015 Lyrica refilled; Percocet, compound topical cream, Lidoderm patch, Motrin, discontinued Lidoderm, Celebrex, Robaxin, and Kadian. October 12, 2015: Norco, Lyrica, Vicoprofen, compound topical cream, Lidoderm patch, Celebrex, Robaxin, and Kadian. Diagnostics: radiographic study lumbar January 2010, MRI lumbar March 2010. Treatments: lumbar nerve ablation July10, 2013 with noted of "initially felt worse but gradually appreciate the benefit for her chronic low back pain and sciatica, less radiates across her back and into the left buttock;" H-wave unit, medications, activity modification, topical and transdermal analgesia, pain modulator trial. On October 12, 2015 a request was made for lumbar nerve ablation, Vicoprofen 7.5mg 200mg #60, that were both

noncertified and Lyrica 75mg #60 with 3 refills which was modified by Utilization review on October 16, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar nerve ablation: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Criteria for use of facet joint radiofrequency neurotomy.

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) Facet joint radiofrequency neurotomy.

Decision rationale: The claimant sustained a work injury in January 2005 and is being treated for low back pain and left lower extremity sciatic symptoms. She was seen on 10/02/15. After a lumbar ablation in July 2013 she initially felt worse but had gradual benefit with less radiating pain across the back and less pain into the left buttock. She was having pain rated at 4-9/10. Physical examination findings included a weight of 199 pounds. There was positive left Fabere and Gaenslen testing with left posterior superior iliac spine and sacroiliac joint tenderness. Authorization was requested for another lumbar nerve ablation. Vicoprofen was requested because Motrin had been denied. Lyrica had been recommended and a four month supply of medication was prescribed. Although the specific procedure being requested is not described, the only possible ablation procedure for the lumbar spine that would be considered is ablation for facet mediated pain. If a repeat lumbar radiofrequency ablation is being considered, it 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 more than 50% relief. In this case, the criteria are not met as the claimant's response to the previous treatment is not adequately documented. The request cannot be considered as being medically necessary.

Vicoprofen 7.5/200mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, NSAIDs (non-steroidal anti-inflammatory drugs), Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects, Opioids, criteria for use.

Decision rationale: The claimant sustained a work injury in January 2005 and is being treated for low back pain and left lower extremity sciatic symptoms. She was seen on 10/02/15. After a lumbar ablation in July 2013 she initially felt worse but had gradual benefit with less radiating pain across the back and less pain into the left buttock. She was having pain rated at 4-9/10.

Physical examination findings included a weight of 199 pounds. There was positive left Fabere and Gaenslen testing with left posterior superior iliac spine and sacroiliac joint tenderness. Authorization was requested for another lumbar nerve ablation. Vicoprofen was requested because Motrin had been denied. Lyrica had been recommended and a four month supply of medication was prescribed. Vicoprofen (hydrocodone/ibuprofen) is a short acting combination opioid used for intermittent or breakthrough pain. In this case, the intent was to prescribe this medication to replace the Motrin which had not been approved. This is not appropriate for two reasons. First, there would be no need to prescribe a combination medication in order to provide an NSAID. Secondly, the recommended dosing for ibuprofen ranges from 1200 mg per day. This dosing would not be achieved using Vicoprofen. For these reasons, the request is not medically necessary.

Lyrica 75mg #60 x 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: The claimant sustained a work injury in January 2005 and is being treated for low back pain and left lower extremity sciatic symptoms. She was seen on 10/02/15. After a lumbar ablation in July 2013 she initially felt worse but had gradual benefit with less radiating pain across the back and less pain into the left buttock. She was having pain rated at 4-9/10. Physical examination findings included a weight of 199 pounds. There was positive left Fabere and Gaenslen testing with left posterior superior iliac spine and sacroiliac joint tenderness. Authorization was requested for another lumbar nerve ablation. Vicoprofen was requested because Motrin had been denied. Lyrica had been recommended and a four month supply of medication was prescribed. Antiepilepsy drugs such as Lyrica are recommended for neuropathic pain. Initial dosing of Lyrica is 150 mg per day with a maximum dose of up to 600 mg per day. After initiation of treatment there should be documentation of pain relief and improvement in function. In this case, a four month supply of medication was provided which is inappropriate. A reassessment for efficacy and side effects would be expected after one month of use. The request is not medically necessary.