MAXIMUS Federal Services

Case Number:	CM15-0020115		
Date Assigned:	02/09/2015	Date of Injury:	09/05/2008
Decision Date:	04/06/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/03/2015

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: Arizona, Michigan
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 53 year old female who sustained a work related injury on September 5, 2008, after an assault with a developmentally disabled patient where she worked as a psychiatric technologist. She was kicked in the back, thrown into a wall and sustained hip and back injuries. She was diagnosed with a labral tear of the hip. She underwent surgery to repair her hip injury. Treatment included physical therapy and pain medications. Other diagnoses included lumbar sprain, right lower extremity radiculopathy and post traumatic hip arthritis. A right total arthroplasty was performed in June 2012, secondary to hip osteonecrosis. Currently, in January, 2015, the injured worker complained of ongoing right hip and low back pain. On February 9, 2015, a request for a right lumbar radio-frequency and prescriptions for Fluticasone Prop 50 mcg spray #4; Norco 10/325mg #60; Xanax 0.5 and Lyrica 50mg were non-certified by Utilization Review, noting the California Medical Treatment Utilization Schedule Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-L5 radiofrequency: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic).Facet joint radiofrequency neurotomy.

Decision rationale: Per the MTUS, invasive techniques like local injections and facet joint injections of cortisone and lidocaine are of questionable merit. lumbar facet neurotomies reportedly produce mixed results and should only be performed after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. Per the ODG, Facet joint radiofrequency neurotomy is under study. Conflicting evidence is available as to the efficacy of this procedure and approval of treatment should be made on a case-by-case basis (only 3 RCTs with one suggesting pain benefit without functional gains, potential benefit if used to reduce narcotics). Studies have not demonstrated improved function. Also called Facet rhizotomy, Radiofrequency medial branch neurotomy, or Radiofrequency ablation (RFA), this is a type of injection procedure in which a heat lesion is created on specific nerves to interrupt pain signals to the brain, with a medial branch neurotomy affecting the nerves carrying pain from the facet joints.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. A review of the injured workers medical records shows that she has intractable pain and may benefit from the procedure with a possible reduction in opioid dependency. Based on the injured workers complex clinical presentation, it would appear that a Right L4-L5 radiofrequency ablation/neurotomy is medically necessary.

Fluticasone Prop 5O mcg spray qty:4.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary (Acute & Chronic). Corticosteriods (intranasal).

Decision rationale: The MTUS/ACOEM did not address the use of intranasal corticosteroids in the management of chronic pain and therefore other guidelines were consulted. Per the ODG, Intranasal corticosteroids are recommended as a second line of therapy for upper airway cough syndrome, following oral preparations such as an antihistamine and/or decongestant. If side effects preclude oral preparations or if this type of therapy alone is ineffective, consider adding intranasal therapy. Recommended for moderate or severe allergic rhinitis. A review of the injured workers medical records suggest that fluticasone spray is being used for an allergic reaction to one of her medications however, this is not clear in the medical records that are available to me and there is no documentation of an inability to tolerate other first line oral preparations. Therefore based on the guidelines the request for Fluticasone Propionate 5O mcg spray qty: 4.00 is not medically necessary.

Norco 10/325mg qty:60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96 (78, 95).

Decision rationale: Per the MTUS, Ongoing management of opioid use should occur under very specific guidelines and include documentation of the 4 A's which are analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. Opioids should be continued if the patient has returned to work and if there is improved functioning and pain. A review of the injured workers medical records reveal that she has been reporting pain that is out of proportion to her physical examination and imaging findings and this may represent hyperalgesia which per the MTUS is developing an unexpected change in response to opioids, development of abnormal pain, change in pain pattern or persistence of pain at higher levels than expected. Opioids in this case actually increase rather than decrease sensitivity to noxious stimuli and it is important to note that a decrease in opioid efficacy should not always be treated by increasing the dose, but may actually require weaning. Based on the injured workers clinical presentation and the guidelines the request for norco 10/325mg qty: 60 is not medically necessary.

Xanax 0.5mg (qty unknown): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines: (Anti-depressant), Muscle relaxants (for pain) Page(s): 24, 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: Per the MTUS, benzodiazepines are not recommended for long term use because long term efficacy is unproven and there is risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develop rapidly. Tolerance to anxiolytic effects occurs within

months and long term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Therefore based on the guidelines the request for Xanax 0.5mg (qty unknown) is not medically necessary.

Lyrica 50mg (qty uknown): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica, no generic available), Pregabalin (Lyrica) Page(s): 19-20, 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anticonvulsants (Antiepilepsy drugs (AED's) Page(s): 16-22.

Decision rationale: Per the MTUS, antiepilepsy drugs like gabapentin and lyrica are recommended for neuropathic pain. A good response to the use of AED's has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. If there is a lack of response of at least 30% then a switch to a different first line agent like a TCA, SNRI, different AED or combination therapy if treatment with a single agent fails is recommended. After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AED's depends on improved outcomes versus tolerability of adverse effects. A review of the injured workers medical records reveal that she is already on gabapentin and this is still being increased to an effective dose for her, there is no documentation that this has failed and also in the medical records that are available to me there is not adequate documentation of adverse effects that would preclude increasing the dose of gabapentin. Therefore based on the guidelines the request for Lyrica 50mg (qty unknown) is not medically necessary at this time.