

Case Number:	CM15-0021748		
Date Assigned:	02/11/2015	Date of Injury:	11/16/2009
Decision Date:	03/31/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/05/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 44 year old female, who sustained a work/ industrial injury on 11/16/09. She has reported symptoms of low back pain that was described as 9/10. Prior medical history was not documented. The diagnoses have included lumbosacral radiculopathy and displacement of lumbar intervertebral disc without myelopathy. Treatments to date included mediations and epidural steroid injections. Diagnostics included an electromyogram/NCV on 5/9/12 that was unremarkable. Medications included Norco, Zofran, and Keflex. Report of 5/8/13 noted back pain that radiated down bilateral legs with tingling and numbness in the feet. The examination noted diffuse tenderness and moderate to severe facet tenderness over the bilateral L4-S1 dermatomes, sacroiliac joint tenderness with a positive Patrick/Faber, sacroiliac thrust test, and Yoeman's test and negative straight leg raising and Kemp's. The lower extremity neurological exam was normal. A report of 12/11/14 noted worsening symptoms and decreased range of motion in all planes. A request was made for Norco and a rhizotomy at L4-S1 for pain management. On 1/12/15, Utilization Review non-certified a Norco 5/325mg QTY: 30.00; Rhizotomy of the bilateral L4-S1 QTY:1.00, noting the California Medical treatment Utilization Schedule (MTUS) , Chronic Pain and Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg QTY: 30.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids, Page(s): page(s) 76-79..

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules:”(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework”. According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or evidence of improvement of activity of daily living. Therefore, the prescription of Norco 5/325mg QTY: 30.00 is not medically necessary.

Rhizotomy of the bilateral L4-S1 QTY:1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 13th edition, low back, 2015, Facet joint radiofrequency neurotomy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Facet joint radiofrequency neurotomy <http://www.odg-twc.com/index.html>

Decision rationale: According to ODG guidelines, 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. There is no documentation that the facet pain is the main pain generator. No more than 2 joint levels are to be performed at one time according to ODG guidelines. The provider is requesting to perform more than 2 levels. The patient was previously treated with epidural injections and diagnosis of lumbosacral radiculopathy is not fully excluded. Therefore the request for Rhizotomy of the bilateral L4-S1 QTY:1.00 is not medically necessary.