

<b>Case Number:</b>	CM15-0217935		
<b>Date Assigned:</b>	11/09/2015	<b>Date of Injury:</b>	11/21/2002
<b>Decision Date:</b>	12/28/2015	<b>UR Denial Date:</b>	10/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2015

### 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: California  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 48 year old female, who sustained an industrial injury on 11-21-2002. Diagnoses include cervical facet arthropathy, cervicgia, lumbago, myofascial strain, and radiculitis. Treatments to date include activity modification, medication therapy, chiropractic therapy, and physical therapy, trigger point injections, and medial branch block to L4-L5 on 7-27-15, and medial branch blocks to cervical spine on 8-20-15, with reported 60% pain relief for approximately four hours. On 9-3-15, she complained of ongoing pain in the neck with radiation to bilateral upper extremities and low back with pain and burning in the knee and foot. Medical branch blocks were reported to decreased pain from 7 out of 10 VAS to 3 out of 10 VAS for approximately four hours, for both the lumbar and cervical spines. She was noted to be awaiting authorization for lumbar rhizotomies procedures. Current medications included Tramadol-APAP, one per day, Prilosec, with noted history of gastrointestinal bleeds, and Gabapentin 600mg daily. These medications had been prescribed for at least six months. Medications were noted to decreased pain from 8 out of 10 VAS to 6 out of 10 VAS with improved sleep. She reported experiencing occasional nausea and stomach pain due to medications. The CURES and urinalysis were addressed and noted as appropriate. The physical examination documented tenderness, decreased range of motion, and positive facet loading tests of the cervical and lumbar spines. The plan of care included increasing Prilosec 20mg to twice daily and discontinuation of Gabapentin and start Nortriptyline 25mg one tablet nightly. The re-evaluation on 10-1-15, documented no changes in the subjective or objective findings. The record indicated the changes in medication treatment had not yet been initiated due to inability to obtain the medications. The

records documented continuation of stomach pain and nausea from medications despite Prilosec use daily, and requested a gastrointestinal consultation with history of hospitalization in 2004 for a gastrointestinal bleed secondary to medication use. The appeal requested authorization for bilateral L4-L5 and L5-S1 rhizotomy, bilateral C4-C5 and C5-C6 rhizotomy, Omeprazole 20mg #60, and Tramadol-APAP 37.5-325mg #60. The Utilization Review dated 10-23-15, denied the rhizotomy to bilateral L4-5 and L5-S1 and C4-5 and C5-6, and the prescription for Tramadol - APAP, and modified the request for Omeprazole 20mg to allow Omeprazole 20mg #30.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Bilateral L4-L5 and L5-S1 rhizotomy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

**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, facet joint radiofrequency neurotomy.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of facet joint radiofrequency neurotomy. According to the ODG, Low Back, Facet joint radiofrequency neurotomy, criteria includes a formal plan of additional evidence-based conservative care in addition to facet joint therapy. There is insufficient evidence in the records from 10/1/15 demonstrating this formal plan has been contemplated or initiated. Therefore the determination is for non-certification. The request is not medically necessary.

#### **Bilateral C4-5 and C5-6 rhizotomy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, facet joint radiofrequency neurotomy.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of rhizotomy. According to ODG, Neck section, facet joint radiofrequency neurotomy, Criteria for use of cervical facet radiofrequency neurotomy includes a diagnosis of facet joint pain. Approval depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, and documented improvement in function. No more than two joint levels are to be performed at one time. There should be evidence of a formal plan of rehabilitation in addition to facet joint therapy. In this case the exam note of 10/1/15 does not demonstrate a formal plan of rehabilitation. Therefore determination is for non-certification. The request is not medically necessary.

**Omeprazole 20mg quantity 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** Per the CA MTUS Chronic Pain Medical Treatment Guidelines, page 68, recommendation for Prilosec is for patients with risk factors for gastrointestinal events. The cited records from 10/1/15 do not demonstrate that the patient is at risk for gastrointestinal events. Therefore determination is for non-certification for the requested Prilosec. The request is not medically necessary.

**Tramadol Acetaminophen 37.5/325mg quantity 60:** Upheld

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

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

**Decision rationale:** Per the CA MTUS Chronic Pain Medical Treatment Guidelines pages 93-94, Tramadol is a synthetic opioid affecting the central nervous system. Tramadol is indicated for moderate to severe pain. Tramadol is considered a second line agent when first line agents such as NSAIDs fail. There is insufficient evidence in the records of 10/1/15 of failure of primary over the counter non-steroids or moderate to severe pain to warrant Tramadol. Therefore use of Tramadol is not medically necessary and it is non-certified.