

Case Number:	CM15-0221250		
Date Assigned:	11/16/2015	Date of Injury:	06/28/2013
Decision Date:	12/30/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	11/10/2015

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: Illinois, California, Texas
 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:

This injured worker is a 64-year-old male who sustained an industrial injury on 6/28/13. Injury occurred he was picking up a garbage can that weighed approximately 100 pounds. Conservative treatment had included physical therapy, home exercise, medications, sacroiliac joint injection, right L4-S1 transforaminal epidural steroid injection, and bilateral L4/5 and L5/S1 medial branch blocks without sustained relief. The 9/27/13 lumbar spine MRI impression documented mild to moderate central canal stenosis at L4/5 with mild to moderate foraminal stenosis. There was a left paracentral disc protrusion with abutment of the descending left L5 nerve root and mild to moderate lateral recess stenosis. At L3/4, there as moderate central canal stenosis with mild to moderate bilateral neuroforaminal and mild left lateral recess narrowing. At L2/3, there was mild to moderate central canal and foraminal stenosis. At L1/2, there was mild to moderate central canal and foraminal stenosis, and mild left lateral recess narrowing. The 5/2/13 lumbar spine x- ray impression documented multilevel severe degenerative disc disease and lumbar dextroscoliosis. Records documented that the injured worker had been prescribed Methadone since 6/25/15 with no evidence of functional benefit or significant pain reduction documented. The 10/5/15 treating physician report cited low back pain radiating down his right lower extremity to the knee. The injured worker had undergone a bilateral L4/5 and L5/S1 diagnostic medial branch block on 9/21/15 with a 70-80% reduction in pain for 2 to 3 days after the procedure. He reported that he had been able to do more activities and walk up to 3-4 blocks one way and then back. Pain had now returned to baseline 6/10. He had been started on Methadone 10 mg bid and he found his beneficial. He noted that medication improved some

of his pain and took the edge off. Physical exam documented restricted lumbar range of motion, difficulty with extension and straightening up, bilateral lumbar paravertebral muscle tenderness, negative straight leg raise, and positive Kemp's bilaterally. The diagnosis was lumbar and lumbosacral intervertebral disc displacement, and low back. The treating physician opined that at least 60% or more of his pain was emanating from the posterior elements, namely the facets at L4/5 and L5/S1. The rest of the pain was related to multilevel discopathy. Methadone was prescribed for his chronic lumbago as his oxycodone and OxyContin had been denied. He was taking Methadone 5 mg 3 to 4 tabs a day with no medication side effects. Authorization was requested for Methadone 5 mg #120 and bilateral L4/5 and L5/S1 radiofrequency rhizotomy. The 10/13/15 utilization review non-certified the request for Methadone 5 mg #120 as there was no documentation of quantifiable pain relief or functional improvement, no documentation of urine drug screen testing to monitor medication use, or evidence of a pain contract. The request for bilateral L4/5 and L5/S1 radiofrequency rhizotomy was non-certified as there was no pain logs or operative report provided for review, and the injured worker had radicular pain radiating down the right lower extremity to the knee which would be an exclusionary criteria.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 5mg 1 Po Tid-Qid #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The California MTUS guidelines recommend Methadone as a second line drug for moderate to severe pain if the potential benefit outweighs the risk. Guidelines recommend that opioid dosing not exceed 120 mg oral morphine equivalents per day (MED). Gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms. On-going management requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Guidelines suggest that opioids be discontinued if there is no overall improvement in function, unless there are extenuating circumstances. Guideline criteria have not been met for on-going use. This injured worker is currently using 15 to 20 mg of Methadone daily which equates to an MED of 150 to 200 mg. There is no current documentation of significant pain reduction or objective functional improvement consistent with guidelines. The injured worker has reported some pain relief and that it takes the edge off. There is no documentation of the appropriateness of medication use or evidence of urine drug screens. Records indicated that this medication was being purchased outside the workers compensation system so weaning is not of concern. Therefore, this request is not medically necessary.

Bilateral L4-5 And L5-S1 Facet Radiofrequency Rhizotomy (Right Sided Fold But The Left Side On Separate Days): Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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, Facet joint diagnostic blocks (injections); Facet joint radiofrequency neurotomy.

Decision rationale: The California MTUS guidelines state that facet neurotomies are under study and should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The Official Disability Guidelines indicate that facet joint radiofrequency ablation (neurotomy, rhizotomy) is under study. Treatment requires a diagnosis of facet joint pain using one set of diagnostic medial branch blocks with a response of 70%. The pain response should last at least 2 hours for Lidocaine. There should be evidence of a formal plan of additional evidenced based conservative care in addition to facet joint therapy. The ODG do not recommended facet joint diagnostic blocks for patients with radicular low back pain. Guideline criteria have not been met. This injured worker presents with radicular low back pain with multilevel degenerative disc disease. The treating physician has opined that 60% of his pain is related to the posterior elements and could be addressed by radiofrequency treatment. The other 40% of his pain was related to his discopathy. Radicular pain is an exclusionary criteria and there is no compelling rationale to support radiofrequency rhizotomy in this setting and as an exception to guidelines. Therefore, this request is not medically necessary.