

Case Number:	CM15-0037348		
Date Assigned:	03/05/2015	Date of Injury:	01/21/2004
Decision Date:	05/01/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/27/2015

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, Washington

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 77-year-old male who reported injury on 01/21/2004. The mechanism of injury was noted to be the injured worker experienced pain in his back after picking up a metal pipe. The injured worker was utilizing opiates since at least 2009. There was a Request for Authorization submitted for review dated 02/11/2015. The documentation of 02/11/2015 revealed the injured worker denied symptoms or significant changes to his condition. The injured worker indicated that treatment thus far consistent of a left knee arthroscopy and meniscus repair in 1990. The injured worker had a rhizotomy of the bilateral L3-4 and L4-5 on 11/07/2013 and a medial branch block bilaterally at L3-4 and L4-5 on 09/12/2013. The injured worker's injections lasted greater than 3 months with a significant amount of pain and 6 months of decrease in overall back pain. The prior medications were noted to include Temazepam, Motrin, and Darvocet. The injured worker complained currently of aching pain in the back rated an 8/10. The injured worker indicated the aching pain radiated into the bilateral lower extremities. The injured worker had difficulty sleeping due to pain. The injured worker utilized a single point cane for ambulation. Topical patches were noted to reduce pain. The injured worker was utilizing Norco 10/325 mg 4 times a day and OxyContin 10 mg 2 times per day with Senna S at night. The injured worker indicated he needed to be taking Norco 6 times a day. However, his wife stated he only took them 4 times a day. The injured worker indicated the medications reduced the pain from 10/10 to 8/10 on the pain scale. The medications made the pain tolerable and the injured worker indicated without them he would not be able to move. The injured worker reported constipation secondary to medication use. The injured worker had a

positive facet challenge in the lumbar spine bilaterally. The injured worker's strength was decreased in hip flexion, knee flexion, ankle dorsiflexion, and EHLs bilaterally. The straight leg raise was positive on the right side at 60 degrees with pain to calf and positive at 70 degrees on the left with pain to the calf. The injured worker was monitored through urine drug screen and CURES reports which were consistent. The diagnoses included: facet mediated pain, chronic low back pain, and facet osteoarthritis as well as diabetes mellitus. The treatment plan included a repeat rhizotomy bilaterally at L3-4 and L4-5. The injured worker had failed conservative care and medications were not controlling symptoms. Additionally, the request was made for a refill of medications including OxyContin 10 mg per day and Norco 10/325 mg as well as a trial of LidoPro cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) repeat bilateral lumbar radiofrequency ablation at L3-4 and L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Facet joint radiofrequency neurotomy.

Decision rationale: The American College of Occupational and Environmental Medicine guidelines indicate that radiofrequency neurotomy for the treatment of select patients with low back pain is recommended as there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. As there was a lack of criteria for the use of repeat neurotomies, secondary guidelines were sought. The Official Disability Guidelines recommends for repeat neurotomies that the injured worker had documentation of a duration of relief from the first procedure for at least 12 weeks at 50% relief. Additionally, the 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. Also, there should be a formal plan of additional evidence-based conservative care in addition to facet joint therapy. The clinical documentation submitted for review indicated the injured worker had 3 months of relief. However, there is a lack of documentation of at least 50% pain relief per a VAS score, decreased medications and documented improvement in function. There was a lack of documentation indicating the injured worker would be undergoing additional evidence based conservative care in addition to facet joint therapy. Given the above, the request for One (1) repeat bilateral lumbar radiofrequency ablation at L3-4 and L4-5 is not medically necessary.

Norco 10/325 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior and side effects. The documentation indicated the injured worker had objective pain relief. However, there was a lack of documentation indicating the injured worker had objective functional improvement. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Norco 10/325 mg #120 is not medically necessary.

Oxycontin 10 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior and side effects. The documentation indicated the injured worker had objective pain relief. However, there was a lack of documentation indicating the injured worker had objective functional improvement. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for OxyContin 10 mg #60 is not medically necessary.