

<b>Case Number:</b>	CM15-0047160		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	06/13/2007
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 55 year old male, who sustained an industrial injury on 06/13/2007. He has reported injury to the lumbar spine. The diagnoses have included displacement lumbar disc without myelopathy; lumbosacral spondylosis; degeneration lumbar disc; and spondylolisthesis. Treatment to date has included medications and lumbar medial branch blocks. Medications have included Tramadol, Baclofen, and Pantoprazole. A progress note from the treating physician, dated 02/17/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of moderate to severe low back pain; and his pain was 50% improved for one day after bilateral L5 medial branch blocks administered on 11/19/2014. Objective findings included pain at the L5-S1 facets on extension; and decreased range of motion of the lumbosacral spine. The treatment plan included bilateral radiofrequency denervations; and Butrans 5 mcg #4.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral radiofrequency denervations:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low

Back - Lumbar & Thoracic (Acute & Chronic), criteria for the use of diagnostic blocks for facet mediated pain.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Soloman M, et al. Radiofrequency treatment in chronic pain. Expert Rev Neurother. 2010; 10(3): 469-474. Medscape, accessed 04/24/2015. [http://www.medscape.com/viewarticle/718292\\_3](http://www.medscape.com/viewarticle/718292_3).

**Decision rationale:** The ACOEM Guidelines in general support the use of radiofrequency ablation for the temporary relief of pain in the upper back. There is limited literature to support this treatment. However, studies have shown mixed results from this treatment for the lower back, and the Guidelines in general do not support it in that setting, especially without investigational dorsal ramus medial branch diagnostic blocks performed first. The submitted and reviewed documentation indicated the worker was experiencing lower back pain. A prior trial of medial branch block caused significantly improved pain intensity. The treatment recommendations included a new medication that may improve the worker's pain and function without this invasive and procedure. Further, the request does not specify which level would be treated. In the absence of such evidence, the current request for radiofrequency denervations at both sides at an unspecified level of the back is not medically necessary.

**Butrans 5mcg #4:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Buprenorphine Page(s): 74-95, pages 26-27.

**Decision rationale:** BuTrans (buprenorphine patch) is a unique opioid (a partial agonist at the mu receptor) used for pain control that also acts as an antagonist at the kappa receptor. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. Documentation of pain assessments should include such elements as the current pain intensity and the pain intensity after taking the opioid medication, among others. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. However, an ongoing review of the overall situation should be continued with special attention paid to the continued need for this medication, potential abuse or misuse of the medication, and non-opioid methods for pain management. The submitted and reviewed documentation indicated the worker was experiencing lower back pain. While the pain assessments did not include all of the elements recommended by the Guidelines, many were documented. The treatment recommendations suggested this new medication may improve the worker's pain intensity and function. If successful, this may then allow for the weaning off of some other medications that carry higher risks. In light of this supportive evidence, the current request for a trial with four BuTrans (buprenorphine patch) 5mcg/h patches is medically necessary.

