

Case Number:	CM15-0049969		
Date Assigned:	03/23/2015	Date of Injury:	02/25/1968
Decision Date:	05/01/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/16/2015

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
 Certification(s)/Specialty: Family Practice

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 69 year old male, who sustained an industrial injury on February 25, 1968. The injured worker was diagnosed as having facet arthropathy L4-L5 and L5-S1 right side confirmed by medial branch nerve blocks and right hip osteoarthritis. Treatment to date has included lumbar transforaminal epidural steroid injection (ESI), right total hip replacement February 18, 2015, and medication. Currently, the injured worker complains of right more than left lower back pain that radiates to the right leg up to the mid-calf area. The Primary Treating Physician's report dated January 12, 2015, noted the injured worker had a diagnostic facet block in the lumbar area on the right side at the levels of L4-L5 and L5-S1 at the medial branch levels on December 29, 2014, with more than 80% relief for at least two hours and after that the pain gradually returned. The injured worker was noted to have an antalgic gait with tenderness over the L4-L5 and L5-S1 facet area on the right side, with facet loading positive for pain in the lower lumbar region. The Physician requested authorization for a radiofrequency ablation of the facet joints in the lumbar area on the right side at the levels of L4-L5 and L5-S1, with continuation of Oxycodone and Lorazepam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency ablation in lumbar facet joint at right L4-5, L5-S1: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back section, Facet joint radiofrequency neurotomy.

Decision rationale: The MTUS ACOEM Guidelines state that there is good quality evidence that neurotomy of facet joints in the cervical spine is effective, however, similar evidence does not exist for the same procedure on the lumbar spine, and they tend to produce variable results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The ODG supplies a more complete criteria list for justifying a lumbar facet joint radiofrequency neurotomy: 1. Diagnosis of facet joint pain (via medial branch block), 2. No more than 3 procedures performed in a given year, 3. Documented improvement in pain (>50% for at least 12 weeks) if repeat procedure is requested, 4. No more than 2 joint levels at a time, 5. If two areas need the procedure then space them by at least 1-2 weeks, and 6. Evidence of a formal plan of additional conservative care to be used in addition to the procedure. In the case of this worker, it appeared, after reviewing the chart notes provided, that the worker did qualify for an ablation procedure at the L4 and L5 levels (right side) as requested, having had a previous block being successful. The previous reviewer suggested that he had already received ablation on the right side of L4 and L5, but was not successful, but this procedure and follow-up report was not seen in the notes. However, an epidural procedure note and follow-up was seen at this level and side, which would not be the same. Therefore, considering the evidence in the notes provided, this procedure is medically necessary.

Oxycodone 15 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was insufficient reporting of this review being completed, namely the specific reporting of functional gains and measurable

pain reduction directly related to the use of Oxycodone on a regular basis. As this was not reported in the notes, there would be insufficient evidence of benefit, and therefore, the Oxycodone will be considered medically unnecessary.

Lorazepam 0.5 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The MTUS Guidelines for Chronic Pain state that benzodiazepines are not recommended for long-term use due to their risk of dependence, side effects, and higher tolerance with prolonged use and as the efficacy of use long-term is unproven. The MTUS suggests that up to 4 weeks is appropriate for most situations when considering its use for insomnia, anxiety, or muscle relaxant effects. In the case of this worker, he used Lorazepam chronically to help treat his anxiety; however, there was no evidence of him having tried first-line therapy for his anxiety, before considering a benzodiazepine. Regardless, the Lorazepam is not recommended to be used for long-term. Also, there was no specific report found in the notes provided which stated a specific and measurable functional gain and symptom reduction to help justify its continuation. Therefore, the Lorazepam will be considered medically unnecessary.