

Case Number:	CM15-0057110		
Date Assigned:	04/01/2015	Date of Injury:	09/24/2013
Decision Date:	06/01/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/25/2015

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 53 year old female, who sustained an industrial injury on 9/24/2013. She reported a slip and fall, hitting her back and head. Diagnoses include lumbosacral sprain/strain. The bilateral lower extremities electromyography (EMG) showed no abnormalities. Treatment to date has included epidural steroid injection, physical therapy and medication management. In a progress note dated 2/11/2015, the injured worker complains of low back pain that improved after the 2nd epidural steroid injection. The treating physician is requesting bilateral lumbar 4-sacral 1 medial branch facet Rhizotomy, Prilosec, Fexmid and Sonata.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-S1 Medial Branch Facet Rhizotomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers Compensation, 5th Edition, 2007 or Current Year, Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections), Facet joint radiofrequency neurotomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: According to the California MTUS Guidelines, 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. The injured worker was noted to have chronic low back pain. However, there was lack of documentation indicating the injured worker has had a positive response to medial branch blocks prior to a request for facet rhizotomy. Given the absence of the above, the request is not supported by the evidence-based guidelines. As such, the request is not medically necessary or appropriate at this time.

Prilosec 20mg QTY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68.

Decision rationale: According to the California MTUS Guidelines, an assessment is needed for patients at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple. It is also indicated for the treatment of dyspepsia secondary to NSAID therapy. The injured worker was noted to have been utilizing NSAIDs for an unspecified duration of time. However, there is a lack of documentation indicating the injured worker has undergone a gastrointestinal risk assessment. There was also a lack of documentation indicating the injured worker had dyspepsia secondary to NSAID therapy. Furthermore, there was a lack of documentation indicating the injured worker had any GI side effects that would require the treatment of a proton pump inhibitor. Based on the above, the request is not supported by the evidence based guidelines. In addition, the request as submitted failed to specify a frequency. As such, the request is not medically necessary or appropriate at this time.

Fexmid 7.5mg QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

Decision rationale: The California MTUS Guidelines state, they recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute

exacerbations in patients with chronic LBP. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The injured worker was noted to have been utilizing Fexmid for an unspecified duration of time. However, there was a lack of documentation indicating the injured worker had muscle spasms upon physical examination. There was also a lack of documentation in regard to objective functional improvement from medication use. Moreover, there was a lack of documentation indicating the medical necessity for long-term use as it is not supported by the evidence-based guidelines. In addition, the request as submitted failed to specify a frequency. Based on the above, the request is not medically necessary or appropriate at this time.

Sonata 10mg QTY: 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers Compensation, 5th Edition, 2007 or Current Year, Zaleplon (Sonata).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Insomnia treatment.

Decision rationale: According to the Official Disability Guidelines, non-benzodiazepines sedative-hypnotics are recommended as first-line medications for insomnia. Short-term use (7-10 days) is indicated with a controlled trial showing effectiveness for up to 5 weeks. Abrupt discontinuation may lead to withdrawal. The injured worker was noted to be utilizing Sonata for an unspecified duration of time. However, there is a lack of documentation indicating the injured worker was under the treatment for insomnia. Furthermore, there was a lack of documentation submitted for review regarding the injured worker's sleep disturbances or efforts of a sleep hygiene modification. Moreover, there was a lack of documentation indicating medical necessity for chronic use of sleeping pills which are not supported by the evidence based guidelines. In addition, the request as submitted failed to specify a frequency. Based on the above, the request is not medically necessary or appropriate at this time.