

Case Number:	CM15-0081221		
Date Assigned:	07/16/2015	Date of Injury:	09/26/1997
Decision Date:	09/02/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/28/2015

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 York

Certification(s)/Specialty: Pediatrics, Internal 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 77 year old male who sustained an industrial injury on 09/26/1997. Current diagnoses include lumbar degenerative disc disease with bilateral facet joint arthropathy/syndrome, right knee replacement in 1999 (nonindustrial), left knee internal derangement status post arthroscopy in 2014, and medication induced gastritis. Previous treatments included medications, epidural steroid injection, trigger point injections, physical therapy, and stretching exercises. Previous diagnostic studies include a lumbar spine MRI on 01/09/2014. Report dated 03/20/2015 noted that the injured worker presented with complaints that included ongoing low back pain with radiation down to both lower extremities. Pain level was 5 out of 10 on a visual analog scale (VAS). The physician documented that the injured worker has undergone lumbar epidural steroid injections in the past, with most recent injections performed on 12/02/2014 and bilateral facet joint injections on 12/02/2014. The injured worker received 3 months of benefit from the bilateral facet joint injections, noting 60-70% pain relief with the ability to increase his activity level and take less medication. The epidural steroid injections provided 80% pain relief with notable improvement in mobility and activity tolerance. Current medication regimen included Ultracet, Anaprox, Prilosec, Fexmid, and Neurontin. The physician noted that the Ultracet has caused constipation and the Anaprox has cause gastric upset, but as long as the injured worker takes Prilosec the gastritis/GERD symptoms are non-existing. Physical examination was positive for tenderness in the cervical spine with increased muscle rigidity, numerous trigger points, and decreased range of motion. Lumbar spine examination revealed tenderness bilaterally with increased muscle rigidity, numerous trigger

points, decreased range of motion, and decreased sensation along the posterolateral thigh and posterolateral calf in about the L5-S1 distribution bilaterally. The physician noted that the injured worker is temporarily totally disabled for the next 6 weeks. The treatment plan included request for facet joint radiofrequency neurotomy bilateral L3, L4, L5, administration of 4 trigger point injections, refilled medications which included Ultracet, Anaprox, Prilosec, Fexmid, written prescriptions for Colace and Neurontin, start physical therapy next week, administered a left knee injection, and follow up in one month. Report dated 02/16/2015 documented that the injured worker has complaints of constipation and occasionally develops medication-induced gastritis symptoms with the use of Anaprox. The injured worker was first prescribed Fexmid and Colace on 02/16/2015. Disputed treatments include Prilosec, Colace 100 mg #60, Fexmid 7.5 mg (short term only), facet joint radiofrequency neurotomy bilateral L3, L4, L5, and trigger point injections x4 for the lumbar spine (Retrospective DOS 3/20/2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Proton Pump Inhibitor).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-69.

Decision rationale: According to the California MTUS chronic pain medical treatment guidelines, there are specific guidelines for prescribing proton pump inhibitors (PPI). "PPI's are recommended when patients are identified to have certain risks with the use of Non-steroidal anti-inflammatory drugs (NSAIDs). Risk factors include age > 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, and high dose/multiple NSAID. A history of ulcer complications is the most important predictor of future ulcer complications associated with NSAID use." The documentation submitted for review supports long-term use of Anaprox a non-steroidal anti-inflammatory drug (NSAID) since at least 12/2014. Within the documentation dated 02/16/2015 and 03/20/2015 the injured worker notes gastric upset with the use of Anaprox. Therefore the request for Prilosec is medically necessary.

Colace 100mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids, indicators for addiction & misuse.

Decision rationale: The Official Disability Guidelines recommended, "If prescribing opioids has been determined to be appropriate, then ODG recommends, under Initiating Therapy, that Prophylactic treatment of constipation should be initiated. Opioid-induced constipation is a common adverse effect of long-term opioid use because the binding of opioids to peripheral opioid receptors in the gastrointestinal (GI) tract results in absorption of electrolytes, such as chloride, with a subsequent reduction in small intestinal fluid. Activation of enteric opioid receptors also results in abnormal GI motility. Constipation occurs commonly in patients receiving opioids and can be severe enough to cause discontinuation of therapy." The medical records submitted support that the injured worker has been prescribed Ultracet which is an opioid, and it also supports that the injured worker has complaints of medication induced constipation, Therefore the request for Colace 100 mg, #60 is medically necessary.

Fexmid 7.5mg (short term only): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain, and Antispasmodics-Cyclobenzaprine (Flexeril) Page(s): 63, 64.

Decision rationale: The California MTUS chronic pain medical treatment guidelines provide specific guidelines for the use of muscle relaxants. "Recommendation is for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Flexeril is not recommended to be used for longer than 2-3 weeks." Fexmid is Cyclobenzaprine (Flexeril). Documentation provided supports that the injured worker has been prescribed Cyclobenzaprine (Flexeril) for greater than a 2-3 week period, there is no documentation submitted to support improvement in reducing pain, reducing muscle spasms, or increasing function with the use of this medication, therefore in not medically necessary.

Facet joint radiofrequency neurotomy bilateral L3, L4, L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 196-199. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Lumbar.

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 - Facet joint radiofrequency neurotomy.

Decision rationale: MTUS is silent on facet joint radiofrequency neurotomy. Per ODG guidelines, facet joint radiofrequency neurotomy is "under study. Conflicting evidence is available as to the efficacy of this procedure and approval of treatment should be made on a case-by-case basis." "Criteria for use of facet joint radiofrequency neurotomy: (1) Treatment requires a diagnosis of facet joint pain using a medial branch block as described above. (2) While repeat neurotomies may be required, they should not occur at an interval of less than 6 months from the first procedure. A neurotomy should not be repeated unless duration of relief from the

first procedure is documented for at least 12 weeks at 50% relief. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration). No more than 3 procedures should be performed in a year's period. (3) 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. (4) No more than two joint levels are to be performed at one time. (5) If different regions require neural blockade, these should be performed at intervals of no sooner than one week, and preferably 2 weeks for most blocks. (6) There should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy." The documentation notes that the IW had facet blocks at bilateral L4-5 and L5-S1 with good relief. The request is unclear as to what levels are to be treated given the notation not reflecting an anatomic location ex. L4-5. Additionally, L3 is noted which did not have a prior injection with proof of relief. The request for facet joint radiofrequency neurotomy bilateral L3, L4, L5 is not medically necessary.

Trigger point injections x4 for the lumbar spine (Retrospective DOS 3/20/2015): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: Per ACOEM guidelines trigger point injections are not recommended for evaluation and management of ongoing back pain. Per ODG guidelines, trigger point injections are not recommended in the absence of myofascial pain syndrome. The office visit dated 4/24/15 does make notation of any trigger points but not of any myofascial pain syndrome. This request is not medically necessary.