

Case Number:	CM15-0088319		
Date Assigned:	05/12/2015	Date of Injury:	08/24/2010
Decision Date:	06/30/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/08/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 59 year old female, who sustained an industrial injury on 08/24/2010. She has reported subsequent low back, left hip and left lower and upper extremity radiculitis and was diagnosed with lumbar spine strain, left hip strain, left lower extremity radiculitis, left upper extremity radiculitis and cervical spine strain. Treatment to date has included oral pain medication, acupuncture, massage therapy, epidurals, nerve blocks, physical therapy, application of heat and ice and TENS unit. In a progress note dated 04/10/2015, the injured worker complained of a recurrence of low back pain with radiation to the left hip that was helped in the past after radiofrequency denervation of the lumbar facet joints. Objective findings were notable for tenderness to palpation of the L4-L5 and L5-S1 facet joints bilaterally, exacerbation of pain with axial loading maneuvers and slight decrease of pain with forward flexion. A request for authorization of radiofrequency ablation of the L4-L5 and L5-S1 facet joints bilaterally under IV sedation, Baclofen, Lyrica and Flector was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Radiofrequency Ablation of the L4-L5 abd L5-S1 facet Joint Bilaterally Under IV Sedation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-1. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back- Lumbar & Thoracic (Acute & Chronic): Facet Joint Radiofrequency neurotomy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG online, Low Back, Facet joint radiofrequency neurotomy.

Decision rationale: The patient presents with pain affecting the low back with radiation to the left hip. The current request is for Radiofrequency of the L4-L5 and L5-S1 facet Joint Bilaterally Under IV Sedation. The treating physician report dated 4/10/15 (20B) states, "I request bilateral L4-L5 and L5-S1 facet joints to be denervated. Because of the patient's severe anxiety about the procedure, I am requesting that the procedure be performed under I.V. sedation." The report goes on to state, "Patient has all indicators of pain related to facet joint pathology as suggested by the 2011 ODG Guidelines." The report further states, "Patient has met all criteria for lumbar fact pain and had positive diagnostic MBN injections." The MTUS Guidelines do not address facet joint radiofrequency neurotomy. The ODG Guidelines states, "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." The ODG Guidelines do support RFA of the lumbar spine when the criteria for the procedure has been met. The medical reports provided do not show that the patient has had an RFA of the lumbar spine previously. In this case, all of the required criteria are met including a diagnosis of facet joint pain using a medial branch block. Furthermore, the request for the procedure to be performed under IV sedation is medically necessary, as the treating physician has indicated that the patient has a severe level of anxiety about the procedure. The current request satisfies the ODG guidelines as outlined in the low back chapter regarding facet joint radiofrequency neurotomy. The request is medically necessary and the recommendation is for authorization.

1 Medication Refill: Baclofen 10mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: The patient presents with pain affecting the low back with radiation to the left hip. The current request is for 1 Medication Refill: Baclofen 10mg, #90. The treating physician report dated 4/10/15 (20B) states, "Lyrica, baclofen, and Flector patches will be refilled, as they have provided significant reduction of her symptoms in the past. Patient reports that medications take the edge off pain, improve activities of daily living, and are tolerated without significant adverse effects." MTUS guidelines for muscle relaxants state the following: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use." MTUS guidelines for muscle relaxants for pain page 63 state the following: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." MTUS does not recommend more than 2-3 weeks for use of this medication. The medical reports provided indicate that the patient was prescribed this medication on 1/6/15. In this case, the use of the medication is outside the 2-3 weeks recommended by MTUS. The request is not medically necessary; recommendation is for denial.

1 Medication Refill: Lyrica 300mg, #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin Page(s): 99.

Decision rationale: The patient presents with pain affecting the low back with radiation to the left hip. The current request is for 1 Medication Refill: Lyrica 300mg, #60. The treating physician report dated 4/10/15 (20B) states, "Lyrica, baclofen, and Flector patches will be refilled, as they have provided significant reduction of her symptoms in the past. Patient reports that medications take the edge off pain, improve activities of daily living, and are tolerated without significant adverse effects." The MTUS guidelines support the usage of Lyrica for neuropathic pain, diabetic neuropathy and postherpetic neuralgia. In this case, the patient has been diagnosed with cervical radiculopathy and neuropathic pain in the left upper extremity. The physician has documented that the patient's pain is 8/10 with medication usage and functional improvements in ADLs are reported. The current request satisfies the MTUS guidelines for Lyrica as stated on page 99 and benefit from medication usage per MTUS page 60 is documented. The request is medically necessary; recommendation is for authorization.

1 Medication Refill: Flector 1.3% Patches #60: 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) Pain (chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 60.

Decision rationale: The patient presents with pain affecting the low back with radiation to the left hip. The current request is for 1 Medication Refill: Flector 1.3% Patches #60. The treating physician report dated 4/10/15 (20B) states "Lyrica, baclofen, and Flector patches will be refilled, as they have provided significant reduction of her symptoms in the past. Patient reports that medications take the edge off pain, improve activities of daily living, and are tolerated without significant adverse effects." The MTUS guidelines state the following regarding topical NSAIDs: "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." MTUS does not recommend more than 4-12 weeks for use of this medication. The medical reports provided indicate that the patient has been using this medication since at least 1/28/14 (28B). In this case, the use of the medication is outside the 4-12 weeks recommended by the MTUS guidelines and the patient does not present with peripheral joint pain. The request is not medically necessary; recommendation is for denial.