MAXIMUS Federal Services

Case Number:	CM15-0089532		
Date Assigned:	05/13/2015	Date of Injury:	09/30/1999
Decision Date:	06/18/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	05/11/2015

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 injure worker is a 52 year old male who sustained a work related injury September 30, 1999. Past history included hypertension, chronic back pain, cervical and lumbar spine fusions. According to emergency room notes, dated March 11, 2015, the injured worker presented with low back pain radiating to his left leg, rated 9/10, sharp and constant. He was administered Dilaudid and Zofran, provided prescriptions for Medrol Dosepak, Percocet, ibuprofen and Colace, and instructed to follow-up with his surgeon and pain specialist. According to a primary treating physician's progress report, dated March 18, 2015, the injured worker presented with low back pain, which has flared, with 2 visits to the emergency room since the last office visit and neck pain. Diagnoses are chronic neck pain; s/p anterior cervical discectomy C6-7 with bilateral foraminotomy, interbody fusion; chronic low back pain; s/p L4-5 and L5-S1 fusion; depression. At issue, is the request for radiofrequency ablation, Dilaudid, and Oxycontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Radiofrequency at L3/4 and L4/5 bilaterally: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-1.

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

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 than 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. The MTUS is silent regarding therapeutic facet joint injections. The ODG discusses the criteria for the use of therapeutic facet joint block injections: 1. No more than one injection at one time, 2. There should be no evidence of radicular pain, spinal stenosis, or previous fusion, 3. If previously successful (pain relief of 70% or greater, plus pain relief of 50% or greater for a duration of at least 6 weeks), a medial branch diagnostic block and subsequent neurotomy may be considered, 4. No more than 2 joint levels may be blocked at any one time, and 5. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy. In the case of this worker, although there was a reported reduction of pain by more than 50% following his injection to the lumbar facet joint, there was no documentation to show how long this effect lasted. In addition, there was a report of having persistent decreased function following this injection. Since at least 6 weeks of pain relief is required before considering radiofrequency ablation and no evidence was submitted to document this response from the prior injection, the ablation procedure will be considered medically unnecessary at this time.

Oxycontin 30mg #60: Upheld

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

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, it appears that opioids, including Oxycontin, seem to be inappropriate based on the frequency of reporting a need for increasing doses and opioid medications and frequent ER visits for back pain related to going through medications faster than prescribed. Regardless of this evidence, there was insufficient reporting found in the recent notes to document discussion of other non-opioid methods of treatment being used or clear functional gains directly related to Oxycontin use. In the opinion of this reviewer, and based on the documentation provided, Oxycontin will be considered medically unnecessary, and weaning is recommended.

Dilaudid 4mg #48: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, dealing with misuse & addiction.

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, it appears that opioids, including Dilaudid, seem to be inappropriate based on the frequency of reporting a need for increasing doses and opioid medications and frequent ER visits for back pain related to going through medications faster than prescribed. It was unclear from the documentation how the Dilaudid was used; however, evidence suggested that often it did not reduce the pain as it should have. Regardless of this evidence, there was insufficient reporting found in the recent notes to document discussion of other non-opioid methods of treatment being used or clear functional gains directly related to Dilaudid use. In the opinion of this reviewer, and based on the documentation provided, Dilaudid will be considered medically unnecessary, and weaning is recommended.