

Case Number:	CM14-0160197		
Date Assigned:	10/03/2014	Date of Injury:	02/14/2009
Decision Date:	10/30/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/29/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 36 year old male who sustained an industrial injury on 2/14/2009. The prior peer review dated 9/9/2014 non-certified the request for radiofrequency lesioning L2-S1 under fluoroscopy and anesthesia times 2. The request is not supported by the guidelines, and is not medically necessary. An operative record dated 8/04/2014 documents the patient was provided lumbar facet nerve blocks to L2, L3, L4, L5 nerves on the left side. An operative record dated 8/18/2014 documents the patient was provided lumbar facet nerve blocks to L2, L3, L4, L5 nerves on the right side. According to the supplemental periodic pain management report dated 8/21/2014, the patient complains of low back. He had facet injections and reports he had better than 80% pain relief. He did have some pain still in the left leg. He reports pain at least 6/10. Current medications are Ambien 10mg #30, Zofran 4mg #60, and Norco 10-325mg #135. Physical examination documents palpation of lumbar facet reveals pain on both the sides at L3-S1 region, gait appear antalgic, 40 degrees lumbar flexion, anterior flexion causes pain, 10 degrees lumbar extension, and pain noted with extension. Medications are refilled. Diagnoses are lumbosacral spondylosis without myelopathy, radiculopathy L/S, sprain and strain of sacroiliac, fibromyalgia/myositis, unspecified neuralgia neuritis and radiculitis. Request is for lumbar RFL bilateral L2-S1. According to the supplemental periodic pain management report dated 9/18/2014, the patient complains of low back and neck pain. He is complaining of increased back and neck spasm. He took a day off work due to severe spasm. Pain is rated at least 6/10. Current medications are Ambien 10mg #30, Zofran 4mg #60, and Norco 10-325mg #135. Physical examination documents palpation of lumbar facet reveals pain on both the sides at L3-S1 region, gait appear antalgic, 40 degrees lumbar flexion, anterior flexion causes pain, 10 degrees lumbar extension, and pain noted with extension. The impression is continued chronic low back and lower extremity pain. He is requesting refill of medications. He reports better than

80% improvement in back pain. He still has some leg pain. He has had increased spasm. RFL is re-requested. He is provided refill of Norco #135 and provided Vistaril 25mg #30 for nausea and help sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency Lesioning L2-S1 under fluoroscopy and anesthesia times 2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

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, Facet joint radiofrequency neurotomy, Facet joint pain, signs and symptoms, Facet joint diagnostic blocks (injections)

Decision rationale: According to the guidelines, lumbar facet neurotomy is currently under study. The CA MTUS ACOEM guidelines state 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. Lumbar facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. Reportedly, the patient had 80% reduction in pain with multilevel facet injections. The request for L2-S1 radiofrequency lesioning is not supportable. The guidelines do not recommend radiofrequency performed at more than 2 joint levels. The diagnosis of facet joint pain is not supported in this case, based on the medical records provided. Furthermore, there is no evidence of a formal plan of additional evidence-based conservative care. The medical necessity of the request is not established. The request is not medically necessary.

Ambien 10mg #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, Pain (chronic), Zolpidem.

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 Official Disability Guidelines, Ambien is indicated for short term treatment of insomnia with difficulty of sleep onset, 7-10 days and is indicated for treatment of insomnia with difficulty of sleep onset and/or maintenance. The patient has been using Ambien nightly. The medical records indicate the patient has prescribed Ambien at least since May 2013. However, prolonged use of sleep aids, such as Ambien, is not recommended or

supported by the medical guidelines. There is no evidence of active insomnia due to pain. In addition, the guidelines generally recommend addressing the cause of the sleep disturbance. The medical records do not document appropriate sleep hygiene is being utilized. There is no clear indication for continued Ambien. Therefore the request for Ambien is not medically necessary according to the guidelines. The request is not medically necessary.

Zofran 4mg #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, Chronic Pain, Ondansetron (Zofran)

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

Decision rationale: According to ODG, Antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Ondansetron (Zofran) is a serotonin 5-HT₃ receptor antagonist, FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis. The medical records demonstrate this patient had been chronically prescribed Ondansetron (Zofran). This medication is not recommended for nausea and vomiting secondary to chronic opioid use. This medication has limited application for short-term use. The use of this medication is not consistent with FDA approved use. The medical records do not establish this medication as appropriate and medically necessary for the treatment of this patient. In accordance with the guidelines, the medical necessity of Zofran is not established.