

Case Number:	CM14-0174052		
Date Assigned:	10/27/2014	Date of Injury:	07/13/1999
Decision Date:	12/12/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/22/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 71 years old male with a 7/13/99 injury date. He sustained a workplace injury when a cart he was pushing hit a bump and he fell. He has been treated for symptoms in his neck, lower back, and shoulders. In a 9/17/14 follow-up, subjective complaints included chronic neck, right shoulder, low back, and bilateral leg pain. The neck, low back, and leg pain level is 4-7/10 with medications and 8-9/10 without medications. The patient reports that the chronic pain medication regimen, activity restriction, and rest continue to keep the pain at a manageable level to allow for necessary activities of daily living. His low back pain is currently more severe than his neck pain and he would like to have a repeat lumbar radiofrequency ablation (RFA). Objective findings included tenderness over the lumbar spine and great trochanters, reduced lumbar flexion and extension by 50%, positive bilateral straight leg raise tests, and positive Patrick's sign. There was positive hypoesthesia and dysesthesia of the left posterolateral leg and symmetric reflexes that were 1+ bilaterally. The total daily morphine equivalent does (MED) is 25.0 mg. The patient has been using benzodiazepines since at least May 2014. Current medication side effects include constipation and Relafen causing stomach pain. Diagnostic impression: cervical facet arthritis, lumbar facet arthritis. Treatment to date: medications, prior rhizotomy injections of both lumbar and cervical facets, home exercise program, activity restriction. A UR decision on 10/10/14 denied the requests for right L4-5 facet, left L4-5 facet, right L5-S1 facet, and left L5-S1 facet radiofrequency rhizotomy on the basis that there is undiminished and ongoing use of opioids and benzodiazepines after prior neurotomy procedures that has not been explained. The request for Ativan 1 mg tabs #240 was modified to allow for Ativan 1 mg tabs #48 on the basis that there is no established long-term effectiveness of benzodiazepines, and there is no explanation for the continued necessity of Ativan. Therefore, 48 tabs were approved to allow for weaning. The request for Relafen 500 mg tablets #240 was denied because it is not approved for long-term use.

and the patient is experiencing stomach pain. The request for Nexium 40 mg tablets #120 was denied because there is no clear indication in the documentation for the use of a proton-pump inhibitor other than the concomitant use of Relafen, which was recently discontinued.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-5 facet radiofrequency rhizotomy QTY:1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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 Chapter--Facet joint radiofrequency neurotomy

Decision rationale: CA MTUS does not address the issue of repeat RFA procedures. ODG criteria for repeat RFA include evidence of adequate diagnostic blocks, documented improvement in VAS score, documented improvement in function, evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy, at least 12 weeks at 50% relief with prior neurotomy, and repeat neurotomy to be performed at an interval of at least 6 months from the first procedure. However, in this case there has been no documented improvement in pain scores or function, or a reduction in the amount of opioids used. It is not clear from the documentation that there has been greater than or equal to 50% relief with prior RFA procedures for at least 12 weeks. Therefore, the request for right L4-5 facet radiofrequency rhizotomy QTY:1 is not medically necessary.

left L4-5 facet radiofrequency rhizotomy QTY:1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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 Chapter--Facet joint radiofrequency neurotomy

Decision rationale: CA MTUS does not address the issue of repeat RFA procedures. ODG criteria for repeat RFA include evidence of adequate diagnostic blocks, documented improvement in VAS score, documented improvement in function, evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy, at least 12 weeks at 50% relief with prior neurotomy, and repeat neurotomy to be performed at an interval of at least 6 months from the first procedure. However, in this case there has been no documented improvement in pain scores or function, or a reduction in the amount of opioids used. It is not clear from the documentation that there has been greater than or equal to 50% relief with prior RFA procedures for at least 12 weeks. Therefore, the request for left L4-5 facet radiofrequency rhizotomy QTY:1 is not medically necessary.

Right L5-S1 facet radiofrequency rhizotomy QTY:1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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 Chapter--Facet joint radiofrequency neurotomy

Decision rationale: CA MTUS does not address the issue of repeat RFA procedures. ODG criteria for repeat RFA include evidence of adequate diagnostic blocks, documented improvement in VAS score, documented improvement in function, evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy, at least 12 weeks at 50% relief with prior neurotomy, and repeat neurotomy to be performed at an interval of at least 6 months from the first procedure. However, in this case there has been no documented improvement in pain scores or function, or a reduction in the amount of opioids used. It is not clear from the documentation that there has been greater than or equal to 50% relief with prior RFA procedures for at least 12 weeks. Therefore, the request for right L5-S1 facet radiofrequency rhizotomy QTY:1 is not medically necessary.

Left L5-S1 facet radiofrequency rhizotomy QTY:1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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 Chapter--Facet joint radiofrequency neurotomy

Decision rationale: CA MTUS does not address the issue of repeat RFA procedures. ODG criteria for repeat RFA include evidence of adequate diagnostic blocks, documented improvement in VAS score, documented improvement in function, evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy, at least 12 weeks at 50% relief with prior neurotomy, and repeat neurotomy to be performed at an interval of at least 6 months from the first procedure. However, in this case there has been no documented improvement in pain scores or function, or a reduction in the amount of opioids used. It is not clear from the documentation that there has been greater than or equal to 50% relief with prior RFA procedures for at least 12 weeks. Therefore, the request for left L5-S1 facet radiofrequency rhizotomy QTY:1 is not medically necessary.

Ativan 1mg tabs #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. However, in this case the patient has been using benzodiazepines since at least May 2014, and guidelines do not support long-term use. Therefore, the request for Ativan 1 mg tabs #240 is not medically necessary.

Relafen 500mg tablets #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: CA MTUS states that NSAIDS should be prescribed at the lowest dose and shortest duration, and are recommended for short-term use. However, there is documentation that the Relafen has been causing stomach pain in this patient. Therefore, the request for Relafen 500 mg tablets #240 is not medically necessary.

Nexium 40mg tablets #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain (Chronic), NSAIDs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (esomeprazole)

Decision rationale: CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Esomeprazole is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. There is no comment that relates the need for the proton pump inhibitor for treating gastric symptoms associated with the medications used in treating this industrial injury. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. However, in this patient there remains no report of gastrointestinal complaints unrelated to NSAID use, and the Relafen was recently discontinued. Therefore, the request for Nexium 40 mg tablets #120 is not medically necessary.