

Case Number:	CM14-0180435		
Date Assigned:	11/05/2014	Date of Injury:	02/07/2001
Decision Date:	12/09/2014	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	10/30/2014

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 Orthopaedic Surgery, has a subspecialty in Spine Fellowship 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:

According to the records made available for review, this is a 60-year-old male with a 2/7/01 date of injury. At the time (10/14/14) of request for authorization for Prospective request for 1 radiofrequency ablation bilaterally at bilateral L3/4, L4/5 and L5-S1, Prospective request for 1 prescription of Dexilant 60mg #90, Prospective request for 1 prescription of Flexeril 10mg #90, and Prospective request for 1 prescription of Tramadol 50mg #120 with 2 refills, there is documentation of subjective (moderate low back pain) and objective (tenderness over the lower lumbar spine, decreased range of motion, and positive bilateral Kemp's test) findings, current diagnoses (lumbosacral spondylosis without myelopathy, lumbar degenerative disc disease, back pain, and sciatica), and treatment to date (medications (including ongoing treatment with Dexilant, Flexeril, and Tramadol) and previous radio frequency ablation (12/2/13). 4/15/14 Medical report identifies that previous radio frequency ablation therapy is still providing 90% pain relief. Regarding radiofrequency ablation, there is no documentation of improvement in function and evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. Regarding Dexilant, there is no documentation of risk for gastrointestinal events. Regarding Flexeril, there is no documentation of short-term (less than two weeks) treatment; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Flexeril use to date. Regarding Tramadol, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; Tramadol used as a second-line treatment (alone or in combination with first-line drugs); and functional benefit or improvement as a reduction in work

restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Tramadol use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 radiofrequency ablation bilaterally at bilateral L3/4, L4/5 and L5-S1: Upheld

Claims Administrator 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)

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

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) reference to ACOEM guidelines state that lumbar facet neurotomies reportedly produce mixed results and that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. Official Disability Guidelines (ODG) identifies documentation of evidence of adequate diagnostic blocks, documented improvement in visual analog scale (VAS) score, documented improvement in function, no more than two joint levels will be performed at one time, 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, as criteria necessary to support the medical necessity of repeat facet joint radiofrequency neurotomy. Within the medical information available for review, there is documentation of diagnoses of lumbosacral spondylosis without myelopathy, lumbar degenerative disc disease, back pain, and sciatica. However, despite documentation that previous radio frequency ablation therapy provided 90% pain relief for at least 12 weeks, there is no documentation of improvement in function and evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. Therefore, based on guidelines and a review of the evidence, the request for Prospective request for 1 radiofrequency ablation bilaterally at bilateral L3/4, L4/5 and L5-S1 is not medically necessary.

Prospective request for 1 prescription of Dexilant 60mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple non-steroidal anti-inflammatory drugs (NSAID). MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Official Disability Guidelines (ODG) identifies documentation of risk for gastrointestinal events and preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of PPIs. Within the medical information available for review, there is documentation of diagnoses of lumbosacral spondylosis without myelopathy, lumbar degenerative disc disease, back pain, and sciatica. However, there is no documentation of risk for gastrointestinal events. Therefore, based on guidelines and a review of the evidence, the request for Prospective request for 1 prescription of Dexilant 60mg #90 is not medically necessary.

Prospective request for 1 prescription of Flexeril 10mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain)

Decision rationale: Chronic Pain Medical Treatment Guidelines identifies that Flexeril is recommended for a short course of therapy. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Official Disability Guidelines (ODG) identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of lumbosacral spondylosis without myelopathy, lumbar degenerative disc disease, back pain, and sciatica. In addition, given documentation of treatment with opioid, there is documentation of Flexeril used as a second line agent. However, there is no documentation of spasticity. In addition, given documentation of ongoing treatment with Flexeril, there is no documentation of short-term (less than two weeks) treatment; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Flexeril use to date. Therefore, based on guidelines and a review of the evidence, the request for Prospective request for 1 prescription of Flexeril 10mg #90 is not medically necessary.

Prospective request for 1 prescription of Tramadol 50mg #120 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80;113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; as criteria necessary to support the medical necessity of Opioids. In addition, specifically regarding Tramadol, Chronic Pain Medical Treatment Guideline identifies documentation of moderate to severe pain and Tramadol used as a second-line treatment (alone or in combination with first-line drugs), as criteria necessary to support the medical necessity of Tramadol. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbosacral spondylosis without myelopathy, lumbar degenerative disc disease, back pain, and sciatica. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, there is no documentation of Tramadol used as a second-line treatment (alone or in combination with first-line drugs). Furthermore, given documentation of ongoing treatment with Tramadol, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Tramadol use to date. Therefore, based on guidelines and a review of the evidence, the request for T Prospective request for 1 prescription of Tramadol 50mg #120 with 2 refills is not medically necessary.