

Case Number:	CM15-0002328		
Date Assigned:	01/13/2015	Date of Injury:	08/28/2003
Decision Date:	03/16/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/06/2015

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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 20, 2003. In a Utilization Review Report dated December 30, 2014, the claims administrator failed to approve request for a radiofrequency rhizotomy procedure, Norco, Soma, and Lidoderm. The claims administrator contended that the applicant had failed to profit from the previous procedures. A progress note of December 20, 2014 was reportedly referenced in the determination. The applicant's attorney subsequently appealed. In an RFA form dated December 20, 2014, Celebrex, Soma, Lidoderm, Norco, and Lyrica were endorsed, along with a lumbar radiofrequency ablation procedure. In an associated progress note of the same date, December 20, 2014, the applicant reported ongoing complaints of low back pain with associated degenerative disk disease, facet arthropathy, and lumbar radiculitis. The attending provider posited that the applicant's earlier injections were successful. The applicant stated that the applicant had undergone earlier facet blocks in the past but had reportedly never undergone radiofrequency ablation procedure. The attending provider posited that earlier medial branch blocks were successful in temporarily attenuating the applicant's pain complaints. The applicant did report ongoing complaints of lower extremity paresthesias with burning about the right lateral leg and foot, it was acknowledged. Hypoesthesias were noted about the same on exam with diminished lower extremity strength also evident. The lumbar radiofrequency ablation procedure was again sought, while Celebrex, Norco, and Soma were renewed. The attending provider noted that the applicant had difficulty with sitting, standing, and performance of daily activities owing to

various chronic pain complaints. The applicant's work status was not clearly delineated, although it did not appear that the applicant was working. In an earlier progress note dated November 20, 2014, the attending provider sought authorization for a repeat epidural steroid injection. Once again, the applicant's work status was not clearly outlined, although it did not appear that the applicant was working.

IMR ISSUES, DECISIONS AND RATIONALES

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

(R) Radiofrequency Rhizotomy L4-5 ALAR S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: No, the proposed lumbar radiofrequency rhizotomy procedure is not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 12, page 301 does establish a limited role for facet neurotomy procedure/radiofrequency rhizotomy procedure/radiofrequency rhizotomy procedures in applicants who have undergone appropriate investigation involving differential dorsal ramus diagnostic medial branch blocks, in this case, however, the applicant's presentation is not suggestive of facetogenic or diskogenic low back pain for which the proposed radiofrequency ablation procedure could be considered but, rather, is suggestive of an active lumbar radiculopathy process. The applicant continues to report persistent complaints of low back pain radiating into the lower extremities. The applicant continues to report paresthesias about the bilateral legs, right greater than left. The applicant has received one to two prior lumbar epidural steroid injections. All of the foregoing, taken together, argues against the presence of facetogenic or diskogenic low back pain for which the proposed radiofrequency rhizotomy procedure could be considered. Therefore, the request was not medically necessary.

Soma 350 MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol topic; Carisoprodol section Page(s): 29; 65.

Decision rationale: Similarly, the request for Soma (carisoprodol) was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not recommended for chronic or long-term use purposes, particularly when employed in conjunction with opioid agents. Here, the applicant was/is concurrently using Norco, an opioid agent. The 90-tablet supply of Soma (carisoprodol) at issue represents treatment in excess of the two to three weeks for which

carisoprodol is recommenced, per page 65 of the MTUS Chronic Pain Medical Treatment Guidelines, it is further noted. Therefore, the request was not medically necessary.

Lidoderm 5 Percent Patches #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine section. Page(s): 112.

Decision rationale: Similarly, the request for topical Lidoderm patches was likewise not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine patches are recommended in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, in this case, however, the applicant's ongoing usage of Lyrica, an anticonvulsant adjuvant medication, effectively obviated the need for the Lidoderm patches at issue. The applicant was reportedly using Lyrica as of the December 20, 2014 progress note at issue. Therefore, the request for Lidoderm patches was not medically necessary.

Norco 10/325 MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic. Page(s): 80.

Decision rationale: Finally, the request for Norco, a short-acting opioid agent, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant's work status was not clearly outlined on multiple progress notes, referenced above, including the December 20, 2014 progress note at issue, suggesting that the applicant was not, in fact, working. While the attending provider did report some reduction in pain scores effected as a result of ongoing opioid therapy, these were, however, outweighed by the applicant's seeming failure to return to work and the applicant's continuing reported difficulty performing activities of daily living as basic as sitting, standing, and walking. Therefore, the request was not medically necessary.