

Case Number:	CM15-0110088		
Date Assigned:	06/16/2015	Date of Injury:	07/22/2002
Decision Date:	07/15/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/08/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 76 year old male sustained an industrial injury on 7/22/02. Diagnoses include lumbar disc displacement, lumbar facet arthropathy, lumbar spinal stenosis and bilateral sacroiliac pain. Treatments to date include x-ray, CT and MRI testing, physical therapy and prescription pain medications. The injured worker continues to report low back pain with radiation to the right lower extremity. Upon examination, tenderness to palpation was noted in the spinal vertebral area L4-S1 levels. The range of motion of the lumbar spine was moderately limited secondary to pain. Pain was significantly increased with flexion and extension. Facet signs were present in the lumbar spine. A request for Norco medication and Bilateral L3-5 facet rhizotomy was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325mg #90: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant has a remote history of a work injury occurring in July 2002 and continues to be treated for low back pain. He underwent lumbar radiofrequency ablation in October 2014. When seen 6 months later there had been a 50-80% overall improvement with improvement in standing and walking tolerances and with improved sleep and decreased medication use. His pain was returning and he wanted to repeat the procedure. Norco was being prescribed with a reported 60% improvement with decreased pain and improved function including stair-climbing. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing pain control and improved function. The total MED (morphine equivalent dose) is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Norco was medically necessary.

Bilateral L3-5 facet rhizotomy: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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-Lumbar & Thoracic (Acute & Chronic) Facet joint radiofrequency neurotomy.

Decision rationale: The claimant has a remote history of a work injury occurring in July 2002 and continues to be treated for low back pain. He underwent lumbar radiofrequency ablation in October 2014. When seen 6 months later there had been a 50-80% overall improvement with improvement in standing and walking tolerances and with improved sleep and decreased medication use. His pain was returning and he wanted to repeat the procedure. Norco was being prescribed with a reported 60% improvement with decreased pain and improved function including stair-climbing. If a repeat neurotomy is being considered, it should not occur at an interval of less than 6 months from the first procedure. A neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at more than 50% relief. No more than 3 procedures should be performed in a year's period. In this case, the criteria are met and the repeat medial branch radiofrequency was medically necessary.