MAXIMUS Federal Services

Case Number:	CM15-0120270		
Date Assigned:	06/30/2015	Date of Injury:	04/27/2012
Decision Date:	08/20/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/22/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53 year old male sustained an industrial injury to the low back and neck on 4/27/12. Previous treatment included magnetic resonance imaging, physical therapy, sacroiliac joint radiofrequency ablation, transcutaneous electrical nerve stimulator unit and medications. In a PR-2 dated 5/6/15, the injured worker complained of low back pain with radiation to bilateral buttocks and thighs, rated 7/10 on the visual analog scale and neck pain with increased headache, rated 7/10. The injured worker reported that Tramadol was not covering his pain as well as before. Previous treatment included right shoulder with restricted range of motion due to pain, tenderness to palpation to the cervical spine, lumbar spine and thoracic spine paraspinal muscles and left pyriformis muscle with lumbar spine and cervical spine range of motion restricted by pain, positive lumbar facet join provocative maneuvers, sacroiliac joint provocative maneuvers negative bilaterally. Gaenslen's, Yeoman's, pressure at the sacral sulcus and Patrick's maneuvers were positive bilaterally. Clonus, Babinski's and Hoffmann's signs were absent bilaterally. Muscle strength was 5/5 in all limbs. Current diagnoses included status post positive diagnostic bilateral sacroiliac joint injection, bilateral sacroiliac joint pain, pyriformis muscle pain, right shoulder pain, left pyriformis muscle syndrome, lumbar spine sprain/strain, cervical facet joint pain, cervical facet joint arthropathy, cervical spine sprain/strain and thoracic spine sprain/strain. The physician noted that the injured worker received 70% improvement in pain and increased range of motion 30 minutes after previous sacroiliac joint injection that lasted greater than two hours. Prior sacroiliac joint radiofrequency nerve ablation provided 70% improvement for more than six months. The treatment plan included repeat bilateral sacroiliac joint radiofrequency nerve ablation, a course of physical therapy, discontinuing Tramadol,

prescriptions for Naproxen Sodium, Omeprazole and a prescription for Tramadol with increased dosage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral fluoroscopically-guided sacroiliac joint radiofrequency nerve ablation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), sacroiliac joint radiofrequency.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis chapter, under Sacroiliac Joint Radiofrequency Neurotomy.

Decision rationale: The patient presents on 05/06/15 with lower back pain rated 7/10 (left worse than right) which radiates into the bilateral lower extremities, and neck pain rated 7/10. The patient's date of injury is 04/27/12. Patient is status post radiofrequency nerve ablation of the bilateral SI joints. The request is for BILATERAL FLUOROSCOPICALLY-GUIDED SACROILIAC JOINT RADIOFREQUENCY NERVE ABLATION. The RFA is dated 05/16/15. Physical examination dated 05/06/15 reveals tenderness to palpation of the cervical, lumbar, and thoracic paraspinal musculature, and decreased right shoulder range of motion in all planes secondary to pain. The provider also notes positive lumbar facet joint provocative maneuvers, positive Gaenslen's sign bilaterally, positive Yeoman's sign bilaterally, and positive Patrick's maneuver bilaterally. The patient is currently prescribed Tylenol, Tramadol, Naproxen, and Omeprazole. Diagnostic imaging was not included. Patient is currently classified as temporarily totally disabled. ODG Hip and Pelvis chapter, under Sacroiliac Joint Radiofrequency Neurotomy has the following: "Not recommended. Multiple techniques are currently described: (1) a bipolar system using radiofrequency probes ; (2) sensory stimulation-guided sacral lateral branch radiofrequency neurotomy; (3) lateral branch blocks (nerve blocks of the L4-5 primary dorsal rami and S1-S3 lateral branches); & (4) pulsed radiofrequency denervation (PRFD) of the medial branch of L4, the posterior rami of L5 and lateral branches of S1 and S2. This latter study applied the technique to patients with confirmatory block diagnosis of SI joint pain that did not have long-term relief from these diagnostic injections (22 patients). There was no explanation of why pulsed radiofrequency denervation was successful when other conservative treatment was not. A > 50% reduction in VAS score was found for 16 of these patients with a mean duration of relief of 20 5.7 weeks. The use of all of these techniques has been questioned, in part, due to the fact that the innervation of the SI joint remains unclear. There is also controversy over the correct technique for radiofrequency denervation. A recent review of this intervention in a journal sponsored by the American Society of Interventional Pain Physicians found that the evidence was limited for this procedure." In regard to the request for a repeat bilateral RF ablation directed at this patient's SI joint pain, guidelines do not currently support this procedure as an appropriate treatment modality. Progress note dated 05/06/15 indicates that this patient experienced relief from a previous RF ablation of the SI joint, with 70 percent overall improvements lasting more than 6 months. Nonetheless, official disability guidelines do not support this procedure, as the innervation of the SI joint is not

clearly understood at present, and there is little agreement as to which RF ablation technique produces the best results. Regardless of the stated prior efficacy of the requested procedure, without guideline support a repeat cannot be substantiated. Therefore, the request IS NOT medically necessary.

Tramadol 50 mg #120 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), hip and pelvis.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use of Opioids Page(s): 76-78, 88-89.

Decision rationale: The patient presents on 05/06/15 with lower back pain rated 7/10 (left worse than right) which radiates into the bilateral lower extremities, and neck pain rated 7/10. The patient's date of injury is 04/27/12. Patient is status post radiofrequency nerve ablation of the bilateral SI joints. The request is for TRAMADOL 50MG #120 1 REFILL. The RFA is dated 05/16/15. Physical examination dated 05/06/15 reveals tenderness to palpation of the cervical, lumbar, and thoracic paraspinal musculature, and decreased right shoulder range of motion in all planes secondary to pain. The provider also notes positive lumbar facet joint provocative maneuvers, positive Gaenslen's sign bilaterally, positive Yeoman's sign bilaterally, and positive Patrick's maneuver bilaterally. The patient is currently prescribed Tylenol, Tramadol, Naproxen, and Omeprazole. Diagnostic imaging was not included. Patient is currently classified as temporarily totally disabled. MTUS Guidelines pages 88 and 89 under Criteria For Use of Opioids (Long-Term Users of Opioids): "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 under Criteria For Use of Opioids - Therapeutic Trial of Opioids, also requires documentation of the 4As -analgesia, ADLs, adverse side effects, and adverse behavior-, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In regard to the continuation of Tramadol for the management of this patient's intractable pain, the request is appropriate. Progress report date 05/06/15 reports a 50 percent reduction in pain attributed to medications, and provides specific functional improvements, noting that Tramadol allows him to perform household chores and dress himself. The provider also notes Oswestry disability index values with and without medications demonstrating a 30 percent increase in function attributed specifically to Tramadol. The same progress note documents a lack of aberrant behavior and consistent urine drug screens to date, though the toxicology reports were not provided. Given the documentation of pain relief, functional improvement, consistent UDS, and a lack of aberrant behaviors or adverse effects as specified by MTUS continuation of this medication is appropriate. The request IS medically necessary.

Naprosyn 550 mg #60 1 refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Pain Outcomes and Endpoints Page(s): 22, 8-9.

Decision rationale: The patient presents on 05/06/15 with lower back pain rated 7/10 (left worse than right) which radiates into the bilateral lower extremities, and neck pain rated 7/10. The patient's date of injury is 04/27/12. Patient is status post radiofrequency nerve ablation of the bilateral SI joints. The request is for NAPROSYN 550MG #50 1 REFILL. The RFA is dated 05/16/15. Physical examination dated 05/06/15 reveals tenderness to palpation of the cervical, lumbar, and thoracic paraspinal musculature, and decreased right shoulder range of motion in all planes secondary to pain. The provider also notes positive lumbar facet joint provocative maneuvers, positive Gaenslen's sign bilaterally, positive Yeoman's sign bilaterally, and positive Patrick's maneuver bilaterally. The patient is currently prescribed Tylenol, Tramadol, Naproxen, and Omeprazole. Diagnostic imaging was not included. Patient is currently classified as temporarily totally disabled. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS Chronic Pain Medical Treatment Guidelines, pg 8 under Pain Outcomes and Endpoints states: "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." In regard to the continuation of Naprosyn for this patient's chronic pain, the request is appropriate. Progress note dated 05/06/15 notes a 35 percent improvement in pain and function specifically attributed to Naprosyn. Given the conservative nature of NSAID medications, and the provided documentation of analgesia with functional improvements, continuation of this medication is substantiated. The request IS medically necessary.

Omeprazole 20 mg #30 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms, cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: The patient presents on 05/06/15 with lower back pain rated 7/10 (left worse than right) which radiates into the bilateral lower extremities, and neck pain rated 7/10. The patient's date of injury is 04/27/12. Patient is status post radiofrequency nerve ablation of the bilateral SI joints. The request is for OMEPRAZOLE 20MG #30 1 REFILL. The RFA is dated 05/16/15. Physical examination dated 05/06/15 reveals tenderness to palpation of the cervical, lumbar, and thoracic paraspinal musculature, and decreased right shoulder range of motion in all planes secondary to pain. The provider also notes positive lumbar facet joint provocative maneuvers, positive Gaenslen's sign bilaterally, positive Yeoman's sign bilaterally, and positive Patrick's maneuver bilaterally. The patient is currently prescribed Tylenol, Tramadol, Naproxen,

and Omeprazole. Diagnostic imaging was not included. Patient is currently classified as temporarily totally disabled. MTUS Chronic Pain Medical Treatment Guidelines pg. 69 states "NSAIDs - Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI... PPI's are also allowed for prophylactic use along with NSAIDS, with proper GI assessment, such as age greater than 65, concurrent use of oral anticoagulants, ASA, high dose of NSAIDs, or history of peptic ulcer disease, etc." In regard to the continuation of Omeprazole, the request is appropriate. Progress note dated 05/06/15 states that this patient has a history of GERD and experiences 80% relief of these symptoms when taking Omeprazole. The current medication regimen includes a high dose NSAID, Naproxen, and the provider specifically indicates that PPI utilization allows this patient to continue taking NSAIDs without further GI complications. Given this patient's history of GI upset secondary to NSAID utilization, his current high-dose NSAID, and documented prior efficacy, the continuation of Omeprazole is substantiated. The request IS medically necessary.