

Case Number:	CM15-0175882		
Date Assigned:	09/17/2015	Date of Injury:	04/20/2003
Decision Date:	10/20/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/08/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 injured worker is a 41-year-old female who sustained an industrial injury on 4/20/03. The mechanism of injury was not documented. She was status post lumbar fusion at L4/5 and disc replacement at L5/S1. The 1/29/14 lumbar spine CT scan impression documented degenerative disc disease and facet arthropathy with retrolisthesis at L3/4, levoscoliosis and post-operative changes L4/5 and L5/S1. There was mild to moderate central canal stenosis at L3/4. There was neuroforaminal narrowing that was moderate L2/3, mild to moderate L3/4, mild to moderate L4/5, and mild to moderate L5/S1. The 1/6/15 procedure report indicated that she had axial low back pain, which was work with range of motion on the right side, most likely due to facet arthropathy at the area of the disc replacement. She underwent right L5/S1 intra-articular facet injection with 80mg Depomedrol and 1mm of 0.75 % bupivacaine. The 1/8/15 physical therapy daily note indicated that she had minimal relief with the facet injection, with continued complaints of bilateral knee pain and radicular pain down the right lower extremity into the lateral right ankle. The 8/13/15 treating physician report indicated that the patient had lower back pain radiating into the right buttock and groin and bilateral lower extremities with numbness and tingling. Pain was rated 8/10 without medications, and 4/10 with medications. She had a facet injection in January 2015 which provided at least 50% reduction in pain. She was transitioning in her recovery from her leg fractures and ligament injuries. She had increased back pain because of the uneven gait and increased activity. Review of systems documented no evidence of gastrointestinal issues. Physical exam documented limited mobility with both legs splinted. Lumbar spine exam documented tenderness over the greater trochanter bilaterally, tenderness at

the L4 paraspinal and iliolumbar region bilaterally, and pain with active range of motion. The diagnoses included chronic pain syndrome, lumbar post-laminectomy syndrome, and drug induced constipation. The injured worker was taking MS Contin and Norco with good benefit but she did have some constipation, which might benefit from Amitiza. She was also taking gabapentin for her neuropathy. Records documented the previous use of Senna and docusate for constipation. A lumbar rhizotomy was requested as she had a facet injection in January which provided at least 50% reduction in pain. Authorization was requested for right L5/S1 lumbar facet rhizotomy, Ranitidine 150mg #60 with 5 refills, and Amitiza 24mcg #60 with five refills. The 8/18/15 utilization review non-certified the request for Ranitidine 150mg #60 with 5 refills as there was no indication that the injured worker was taking a non-steroidal anti-inflammatory drug or was reporting dyspepsia or any other gastrointestinal symptoms. The request for Amitiza was non-certified as there was no indication that the current first line treatments (docusate sodium and Senna) had been unsuccessful in treating her opioid-induced constipation. The request for right L5/S1 lumbar facet rhizotomy was non-certified as there was no clinical indication of a medial branch block that had produced adequate pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ranitidine 150mg, #60 with 5-refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Proton pump inhibitors (PPIs).

Decision rationale: The California MTUS contains no mention of the use of proton-pump inhibitors, such as ranitidine, for any condition other than chronic pain when the patient is also being prescribed non-steroidal anti-inflammatory drugs (NSAIDs). The Official Disability Guidelines recommend the use of proton pump inhibitors for patients at risk for gastrointestinal events and indicate these medications should be used at the lowest dose for the shortest possible amount of time. Guideline criteria have not been met. There is no evidence that the injured worker is taking NSAIDs, is reporting any current gastrointestinal issues, or is at risk for gastrointestinal events. Additionally guidelines recommend these medications should be used at the lowest dose for the shortest possible amount of time. This recommendation is not consistent with a prescription for a 6-month supply of medication. Therefore, this request is not medically necessary.

Amitiza 24mcg, #60 with 5-refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic): Lubiprostone (Amitiza).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic): Opioid-induced constipation treatment.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines recommend the initiation of prophylactic treatment of constipation when using opioids. The MTUS does not specifically address Amitiza. The Official Disability Guidelines state that the constipation drug lubiprostone (Amitiza) shows efficacy and tolerability in treating opioid-induced constipation without affecting patients' analgesic response to the pain medications. However, it is only recommended as an option if first line treatments do not work. Guideline criteria have not been met. This patient has been using Senna and Docusate in the treatment of her chronic medication-induced constipation. There is no evidence that this regime has been effective to support a change to a second-line constipation drug like Amitiza. Therefore, this request is not medically necessary.

Right L5-S1 Lumbar Facet Rhizotomy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (Lumbar and Thoracic), Facet Joint radiofrequency.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic, Facet joint diagnostic blocks (injections); Facet joint radiofrequency neurotomy.

Decision rationale: The California MTUS guidelines state that facet neurotomies are under study and should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The Official Disability Guidelines indicate that facet joint radiofrequency ablation (neurotomy, rhizotomy) is under study. Treatment requires a diagnosis of facet joint pain using one set of diagnostic medial branch blocks with a response of 70%. The pain response should last at least 2 hours for Lidocaine. Criteria state that neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at 50% relief. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration). No more than 3 procedures should be performed in a year's period. Approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medications, and documented improvement in function. There should be evidence of a formal plan of additional evidenced based conservative care in addition to facet joint therapy. The ODG do not recommended facet joint diagnostic blocks for patients with radicular low back pain. Guideline criteria have not been met. This injured worker has low back pain radiating to the bilateral lower extremities with a history of surgical intervention at the L5/S1 level in the form of artificial disc replacement, and adjacent fusion at L4/5. There is reported imaging evidence of facet arthropathy at the L5/S1 level. She underwent an intra-articular facet joint injection on 1/6/14 with a 50% reduction in pain. This response does not meet guideline criteria of 70% or greater. Additionally facet joint blocks are not supported in patients with radicular low back pain. Therefore, this request is not medically necessary.