

Case Number:	CM15-0025391		
Date Assigned:	02/17/2015	Date of Injury:	06/30/2003
Decision Date:	04/14/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/10/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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:

The injured worker is a 59-year-old female, who sustained an industrial injury on 06/30/2003. The diagnoses have included post-lumbar laminectomy syndrome, lower extremity neuropathy and radiculopathy, peripheral neuropathy, and indwelling spinal cord stimulator. Noted treatments to date have included lumbar radiofrequency ablation on 10/11/2013, lumbar medial branch block, trigger point injections of the lumbar spine, spinal cord stimulator, and medications. No MRI report noted in received medical records. In a progress note dated 12/04/2014, the injured worker presented with complaints of severe low back, buttock, and leg pain. The treating physician reported an increase in the injured worker's low back pain and decided to request authorization for lumbar radiofrequency ablation since this procedure keeps the injured worker's pain at a functional level. Utilization Review determination on 01/20/2015 non-certified the request for Radiofrequency Ablation Lumbar Facet Nerves L3-4, L4-5 and 15 Fentanyl Patches 12.5mcg citing American College of Occupational and Environmental Medicine and Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency Ablation L3-4, L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-1. Decision based on Non-MTUS Citation Facet Joint Radiofrequency Neurotomy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back, Facet Joint Radiofrequency Neurotomy.

Decision rationale: The official disability guidelines criteria for a repeat facet joint radiofrequency neurotomy include documentation of greater than 50% pain relief for at least six months. The attached medical record does indicate that the injured employee received approximately 60% pain relief with this previous procedure for six months time however; there is no concurrent documentation of increased ability to function, perform activities of daily living, or decreased usage of analgesic medications during this time. Without justification to repeat this procedure, this request for a radiofrequency ablation at L3 - L4 and L4 - L5 is not medically necessary.

Fentanyl Patches 12.5 mcg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Chronic pain Medical Treatment Guidelines, Official Disability Guidelines (ODG) \Low Back - Lumbar & Thoracic (Acute & Chronic) Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic Page(s): 44, 93.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the 4 A's (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Review of the available medical records reveals no documentation to support the medical necessity of fentanyl 12.5 g patches nor any documentation addressing the '4 A's' domains, which is a recommended practice for the ongoing management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. As MTUS recommends

discontinuing opioids if there is no overall improvement in function, medical necessity cannot be affirmed.