

Case Number:	CM15-0063802		
Date Assigned:	04/09/2015	Date of Injury:	01/31/2006
Decision Date:	06/01/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	04/03/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 injured worker is a 50 year old male, who sustained an industrial injury on 01/31/2006. According to the most recent progress report submitted for review and dated 09/03/2014, the injured worker complained of increased pain over the past month to the low back, neck and right shoulder. He had difficulty filling his medications one month prior due to non-authorization. Medications worked well when he had a full regiment. Sleep quality was fair and he slept about 5 hours per night. Diagnoses included postlaminectomy syndrome lumbar region, pain in joint ankle and foot, lumbago, degenerative lumbar/lumbosacral intervertebral dis, cervicgia and degenerative cervical intervertebral disc. Treatment plan included Opana, Lyrica, Cialis, Ambien, Fortesta, Nexium, Amitiza, Celebrex, Maxalt and Percocet. Medications tried and failed included Methadone, Nucynta, Androgel, KGL cream, Percocet, Metan X, Amrix, Senokot-S and Nucynta IR. Currently under review is the request for outpatient right radio frequency ablation at L3, 4, 5 times two and pharmacy purchase of Fentanyl.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient right RFA at L3, 4, 5 times two (2): 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), Low back.

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 section, Radiofrequency ablation.

Decision rationale: Pursuant to the Official Disability Guidelines, one radiofrequency ablation at L3 - L4 and L4 - L5 times 2 is not medically necessary. Facet joint rhizotomy is under study. Conflicting evidence is available as efficacy of this procedure and approval should be made on a case-by-case basis. The criteria include treatment requires a diagnosis of facet joint pain using a medial branch block; while repeat neurotomies may be required, they should not occur at intervals less than six 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 greater than or equal to 50% relief. The literature does not support the procedure is successful without sustained pain relief generally of at six months duration. No more than three procedures should be performed in the year's period. Approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in the VAS scores, decreased medication and documented functional improvement; no more than two joint levels are to be performed at one time. And there should be evidence of a formal plan of additional evidence-based conservative care in addition to fast joint therapy. In this case, the injured worker's working diagnoses are chronic severe back pain with bilateral leg pain; status post L1 compression fracture with revision surgery; severe neuropathic pain; myofascial pain/spasm; poor sleep hygiene; cervical radiculopathy; erectile dysfunction; under-dosing analgesic for baseline pain; right shoulder pain; and joint injury/fracture and misalignment of jaw. The request for authorization is dated March 9, 2015. The medical record contains 41 pages. The progress note dates range from December 2013 to September 3, 2014. There are no contemporaneous progress notes on or about March 9, 2015. The closest progress note was written six months prior to the request for authorization. The utilization review references a February 26, 2015 progress note. Radiofrequency ablation is recommended with a prior diagnosis of facet joint pain using a medial branch block or prior radiofrequency ablation. There is no documentation in the medical record of a medial branch block or prior radiofrequency ablation. Consequently, absent clinical documentation with the contemporaneous progress note (February 26, 2015) and prior diagnosis of facet joint pain using a medial branch blocks or prior radiofrequency ablation, one radiofrequency ablation at L3 - L4 and L4 - L5 times 2 is not medically necessary.

Pharmacy purchase of Fentanyl 25mcg #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system) Page(s): 44, 47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Fentanyl 25 g #10 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are chronic severe back pain with bilateral leg pain; status post L1 compression fracture with revision surgery; severe neuropathic pain; myofascial pain/spasm; poor sleep hygiene; cervical radiculopathy; erectile dysfunction; underdosing analgesic for baseline pain; right shoulder pain; and joint injury/fracture and misalignment of jaw. The request for authorization is dated March 9, 2015. The medical record contains 41 pages. The progress note dates range from December 2013 to September 3, 2014. There are no contemporaneous progress notes on or about March 9, 2015. The closest progress note was written six months prior to the request for authorization. The utilization review references a February 26, 2015 progress note. Fentanyl is not a first line opiate. The injured worker's current medications as of September 3, 2014 include Opana ER, Percocet, Lyrica, Ambien, Celebrex, Nexium, Amitiza, and Cialis. There is no documentation of failed first-line opiate treatment in the medical record. Based on the absent February 25, 2015 progress note, there is no clinical indication or rationale for fentanyl use. There were no risk assessments or detailed pain assessments in the medical record. There is no evidence of objective functional improvement documented opiates. Consequently, absent clinical documentation with failed first-line opiate therapy and a clinical indication and rationale for fentanyl, Fentanyl 25 g #10 is not medically necessary.