

<b>Case Number:</b>	CM15-0071679		
<b>Date Assigned:</b>	04/21/2015	<b>Date of Injury:</b>	05/26/1994
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	03/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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: Emergency 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 69 year old female, who sustained an industrial injury on May 26, 1994. The injured worker was diagnosed as having spondylosis of unspecified site without mention of myelopathy, lumbar/facet arthritis, lumbar region postlaminectomy syndrome, chronic pain syndrome, Myalgia, status post radiofrequency ablation with benefit times six months, and recurrence of low back pain. Treatment to date has included cervical spine surgery, lumbar spine surgery, lumbar radiofrequency ablation, and medication. Currently, the injured worker complains of chronic low back pain. The Treating Physician's report dated February 24, 2015, noted the injured worker status post L1-L2 and L2-L3 radiofrequency ablation(Right sided L1-2, L2-3 and L3-4 on 9/12 and on left side on 8/12) and also done on 7/2014. The previous year with improvement in pain by 60% for six months' time. Physical examination was noted to show lower back paravertebral tenderness, positive facet loading test, and tenderness over the lumbar facet joints L1-L2 and L2-L3 bilaterally, with an antalgic gait. The treatment plan was noted to include requests for bilateral L1-L2 and L2-L3 radiofrequency ablation for recurrence of low back pain, decrease of Opana IR from every eight hours to every twelve hours as needed, and Norco once a day as needed. Review of claimed 60% of improvement lasting 6 months is not consistent with documentation. Patient had claims of pain improvement after procedure on 7/2014. On 10/21/15, patient was claiming to be well enough to decrease Opana dose, but on 11/20/14, Opana ER was increased to 15mg again due to poor pain control.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 bilateral L1-L2 and L2-L3 radiofrequency ablation: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301; 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute and Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar and Thoracic, Facet joint radio frequency neurotomy.

**Decision rationale:** As per MTUS ACOEM guidelines, radio frequency ablation neurotomy is mostly indicated in cervical disc disease however there are criteria for use in lumbar disc disease. MTUS guidelines do not have information concerning repeat RFA criteria therefore Official Disability Guidelines was used. ODG does not recommend a repeat procedure unless there is documentation of an actual successful initial RFA which is defined as more than 50% improvement lasting at least 6 months. Review of claimed 60% of improvement lasting 6 months is not consistent with documentation. Patient had claims of pain improvement after procedure on 7/2014. On 10/21/15, patient was claiming to be well enough to decrease Opana dose but on 11/20/14 Opana ER was increased to 15mg again due to poor pain control. Patient had subjective claims of improvement in pain but never had a documented decrease in pain medication or objective functional improvement. Repeat radiofrequency ablation is not medically necessary.

**Unknown prescription for Norco 10/325mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

**Decision rationale:** This medication contains acetaminophen and hydrocodone, an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Patient does not have appropriate documentation of pain improvement or functional improvement on norco. Patient is on Opana ER and Opana already. Patient takes up to 90mg of Opana daily which far exceed daily maximum of 120mg Morphine Equivalent Dose(MED) daily. Patient reported takes 1 tablet of Norco a day as needed. This prescription request is also incomplete. Despite search on provided documentations, total number and frequency of use was not noted in request. Due to failure to meet the documentation requirement as per MTUS guidelines and incomplete prescription, Norco prescription is not medically necessary.