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| Case Number: | CM15-0074027 | | |
| Date Assigned: | 04/24/2015 | Date of Injury: | 02/12/2002 |
| Decision Date: | 06/02/2015 | UR Denial Date: | 03/19/2015 |
| Priority: | Standard | Application Received: | 04/17/2015 |

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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports 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 67 year old male, who sustained an industrial injury on 2/12/2002. The injured worker was diagnosed as having lumbosacral spondylosis without myelopathy, displacement of lumbar intervertebral disc without myelopathy, other symptoms referable to back, thoracic or lumbosacral neuritis or radiculitis, unspecified, lumbar spinal stenosis without neurogenic claudication, spondylolisthesis, and postlaminectomy syndrome, lumbar region. Treatment to date has included diagnostics, and medications. On 2/26/2015, the injured worker complained of chronic low back and right lower extremity pain. He underwent spinal cord stimulator implant on 1/15/2015, and was quite pleased with relief of right lower extremity radicular pain. He reported medication use reduced his pain by 30-40% and assisted in functional gains with activities of daily living. Pain was not rated. A Utilization Review denial (1/07/2015) was referenced regarding radiofrequency neurotomy of medial branch nerves left L4-5 and L5-S1 facet joints. It was documented that diagnostic injections performed 7/9/12 eliminated pre-procedure 9/10 low back pain completely for 10 weeks. His opiate medications were noted as not changed for a long time, except his pain had worsened. Medication use included Oxycontin, Norco, Lyrica, with refills requested. Urine drug screen was requested. Prior urine screen (12/11/2014) was consistent with expected results. On 9/18/2014, a request was noted for radiofrequency neurotomy of the medial branch nerves (left L4-5 and L5-S1 facet joints) to provide prolonged relief of left low back pain. The first facet joint injections were documented as greatly helpful (1/25/2013, 7/09/2012).

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency Neurotomy of the Medial Branch Nerves Left L4-L5 and L5-S1 Facet Joints: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- guidelines low back chapter, Radiofrequency Ablation (facet ablation).

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for facet radiofrequency ablation. It appears that the patient has met the current criteria for ablation. According to the clinical documentation provided and current MTUS guidelines; facet radiofrequency ablation is indicated as a medical necessity to the patient at this time.

OxyContin 20mg #120, as prescribed on 02/26/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Therapeutic Trial of Opioids; Opioids, specific drug list; Weaning of Medications Page(s): 78-80, 91-92, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, page(s) 75-79.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The MTUS indicates that ongoing management of opioids includes documentation of prescriptions given from a single practitioner, prescriptions from a single pharmacy and the lowest dose should be used to improve function. There should also be an ongoing review of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug behaviors. There has been a previous plan to reduce medication, but this appears to be an increase in opioid medications. The current request exceeds the total opioid dose recommendation. A taper has been recommended and a modified amount has been approved. According to the clinical documentation provided and current MTUS guidelines; Oxycontin, as written above, is not indicated a medical necessity to the patient at this time.

Random Urine Drug Screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80, 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, page(s) 43, 76-77.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for a urine drug screen. MTUS guidelines state the following: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. For more information, see Opioids, criteria for use: (2) Steps to Take before a Therapeutic Trial of Opioids & (4) On-Going Management; Opioids, differentiation: dependence & addiction; Opioids, screening for risk of addiction (tests); & Opioids, steps to avoid misuse/addiction. The clinical documents state that the patient is taking controlled substances. According to the clinical documentation provided and current MTUS guidelines; the urine drug screen, as requested, is indicated a medical necessity to the patient at this time.