

Case Number:	CM15-0095445		
Date Assigned:	05/22/2015	Date of Injury:	06/30/2003
Decision Date:	06/26/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/18/2015

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:

The injured worker is a 60-year-old female who sustained an industrial injury on 6/30/03 relative to cumulative trauma in her position as a medical assistant. Past surgical history was positive for L5/S1 laminectomy/discectomy on 5/9/04, and posterior spinal fusion at L5/S1 on 5/5/05. She underwent spinal cord stimulator implantation on 2/23/10. Records indicated that the injured worker had been prescribed Robaxin and Fentanyl patches since at least 7/29/13. She underwent radiofrequency ablation at L3/4 and L4/5 on 10/11/13. The 3/19/15 lumbar spine x-rays demonstrated solid fusion at L5/S1, and decreased disc height at L4/5 with slight anterolisthesis of L4 on L5. The 3/26/15 treating physician progress report cited an increase in her chronic lower back pain. Physical exam documented mild to moderate distress with prolonged sitting, and pain with lumbar flexion past 60 degrees of flexion and 30 degrees of extension. There was increased pain with lumbar facet maneuvers. There were no motor or sensory deficits, and deep tendon reflexes were present bilaterally. There was some hypersensitivity with manipulation of the right lower extremity compared to the left. The treatment plan recommended repeat radiofrequency ablation at L3/4 and L4/5 and stated there was no need to perform medial branch block as she had received greater than 70% relief from these in the past. Trigger point injections were performed with 60-70% pain relief reported. The injured worker was given an injection of Demerol, Phenergan, and Toradol with 50% pain reduction reported. Additional requests included 15 Fentanyl 12.5 mcg patches, 60 Lidoderm 5% patches, and Robaxin 500mg #90. The 4/21/15 utilization review non-certified the request for medial branch block at L3/4 and L4/5 as the patient has previously undergone

radiofrequency ablation and repeat medial branch block are not supported by guidelines. An associated request for radiofrequency ablation at L3/4 and L4/5 was certified. The request for 15 Fentanyl 12.5 mcg patches was non-certified as there was no documentation of clinical efficacy with the patches which had been recommended non-certified on multiple occasions in 2014 so there had been ample opportunity for weaning. A request for 60 Lidoderm patches was certified for pain management pending repeat radiofrequency ablation. The request for 90 Robaxin 500 mg was non-certified as there was no documentation of significant pain or functional improvement with long-term use to warrant continued long-term use and a variance from the guidelines. The injured worker underwent bilateral L3/4, L4/5, and L5/S1 radiofrequency ablation on 4/24/15 with benefit reported as 80% on 5/1/15 with reduction in her medication use and improvement in functional ability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial Branch Blocks - (Lumbar) Levels L3-L4, L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back (Lumbar & Thoracic) (Acute & Chronic) - Facet joint injections.

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 & Thoracic, Facet joint diagnostic blocks (injections).

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 recommend no more than one set of medial branch diagnostic blocks prior to facet neurotomy. Guideline criteria have not been met. This injured worker has previously undergone a set of medial branch blocks with positive response and subsequent radiofrequency ablation. A concurrent request for repeat radiofrequency ablation has been certified. Guidelines do not support more than one set of medial branch block. There is no compelling reason to support the medical necessity of medial branch block for this injured worker as an exception to guidelines. Therefore, this request is not medically necessary.

15 Fentanyl Patches 12.5 mcg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl; Opioids Page(s): 47; 74-95, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system); Opioids, criteria for use, Opioids, specific drug list Page(s): 44, 76-80, 93.

Decision rationale: The California MTUS supports the use of Fentanyl transdermal patches for the management of persistent chronic moderate to severe pain requiring continuous around-

the-clock pain that cannot be managed by other means (e.g. NSAIDs). Patches are worn for a 72-hour period. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. On-going management requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Guidelines suggest that opioids be discontinued if there is no overall improvement in function, unless there are extenuating circumstances. Guideline criteria have not been met. This injured worker has been prescribed Fentanyl patches since 7/29/13 with no documentation in the progress reports from 11/16/14 to 3/26/15 relative to the efficacy of this medication relative to pain reduction, level of function, or quality of life. There is no evidence that pain cannot be managed by other means, including the implanted spinal cord stimulator. Multiple non-certifications of this medication are noted in the records relative to an absence of documented functional benefit. Weaning would typically be indicated but does not appear necessary given the multiple non-certifications of this medication in 2014. Therefore, this request is not medically necessary.

90 Robaxin 500 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65.

Decision rationale: The California MTUS recommends the use of non-sedating muscle relaxants, such as Robaxin, with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lower back pain. In most low back pain cases, they show no benefit beyond non-steroidal anti-inflammatory drugs (NSAIDs) in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Guideline criteria have not been met. The injured worker has been prescribed Robaxin since at least 7/29/13 with no documentation in the progress report from 11/16/14 to 3/16/15 relative to the efficacy of this medication relative to pain reduction, level of function, or quality of life. The current flare-up of low back appears to have been addressed by the injection provided on 3/26/15. Multiple prior non-certifications of this medication are noted in the records based on absence of documented benefit. Given the absence of documented efficacy, there is no compelling reason to support the on-going medical necessity of this medication as an exception to guidelines. Therefore, this request is not medically necessary.