

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Independent Medical Review Final Determination Letter

2356

[Redacted]

Dated: 12/26/2013

IMR Case Number:	CM13-0021593	Date of Injury:	03/07/2002
Claims Number:	[Redacted]	UR Denial Date:	08/19/2013
Priority:	STANDARD	Application Received:	09/09/2013
Employee Name:	[Redacted]		
Provider Name:	[Redacted]		
Treatment(s) in Dispute Listed on IMR Application:			
PLEASE REFERENCE UTILIZATION REVIEW DETERMINATION LETTER			

DEAR [Redacted],

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [Redacted]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in California. 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 physician 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/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a male patient with the date of injury of March 7, 2002. A utilization review determination dated August 19, 2013 recommends non-certification for bilateral permanent lumbar facet injection at L2 – 5, non-certification of capsaicin, and non-certification of cyclobenzaprine. An appeal letter dated July 9, 2013 states, "this patient continues to have intractable chronic low back pain. The patient uses capsaicin cream which helps him with local relief of pain. Regarding the denial of capsaicin, please note that although, he has had very good response to the last lumbar radiofrequency injections, he wants to hold off as long as he can and having another one until pain comes back to its pre-injection level. Thus, we recommend capsaicin for pain relief. Also, the patient uses this cream once in a while, as needed. He uses capsaicin instead of oral medications, the current formulation at 0.075% is helping him and thus, we feel there is no need to decrease his medication. He has not reported any side effects with this medication. This medication works reasonably well it allows them to exercise and be as active as possible." The note goes on to state, regarding capsaicin "recommended only as an option in patients who have not responded or are intolerant to other treatments." The note goes on to state "regarding cyclobenzaprine, it is a muscle relaxant and the patient has evidence of muscle spasms. We have documented the presence of spasms even in his previous notes. Regarding the denial of Flexeril, the UR physician felt that although there was muscular spasm reported, the patient does not appear to have an acute exacerbation of pain and long-term use of most relaxants has not shown benefit. We respectfully disagree with this. The patient reports and medications do provide him with pain relief and increase in function. His medication management has been straightforward and has reported functional improvement and is free from side effects. His ability to stand and walk for prolonged periods, in fact he is able to exercise as long as he uses his medication. Please note that no adverse side effects are noted and the medication is helping the patient decrease muscle tension and

spasms. Without this medication, this patient would suffer from a lot more muscle tension, causing us to increase other medications and consider more expensive procedures. If this patient finds that Flexeril is not helping him, we will discontinue it, however, at this time, he continues to need this medication. There is no evidence of abuse or diversion; hence we would like to continue his medication." The note goes on to state, regarding cyclobenzaprine "limited, mixed evidence does not allow for a recommendation for chronic use." A progress report dated July 17, 2013 states "he continues to have axial low back pain. He denies radicular symptoms. He continues to get benefit from lumbar RFA, his last procedure was on April 29, 2009. He notes that his pain is starting to get back to baseline but he would like to wait a few more months before repeating the RFA." A progress report dated August 13, 2013 states, "he has worsening of pain with extension and rotation of lumbar spine which reproduces the back pain. Back pain is starting to become debilitating again and he is having more trouble standing up straight and standing after being in a sitting position for more than about 10 to 15 minutes." The note goes on to state, "with and after the injections he is able to exercise more." Objective examination findings state "lumbar extension was measured 5 degrees causing increased pain, facet loading extension and rotation simultaneously causes severe pain in his back." The neurologic examination is normal in the patient's lower extremities. Diagnoses include, "lumbago, degeneration lumbar disk, long-term use meds, lumbago." Treatment plan states "for years he is stable after lumbar facet radiofrequency injections. His last injection gave him about 4 years of pain reduction and improvement in function and quality of life and ability to do activities of daily living were improved after his injection. He's had injections anywhere from every 4 years to 2 years lasting long-term. He has never had side effects from the injections. He is able to exercise more and keep his weight off, Currently he is having more trouble doing that because his back pain is getting worse. Today we are placing request for authorization of both his medication in his lumbar radiofrequency facet injections. These can be repeated. The patient does have specific back pain also which is helped by the capsaicin cream. He states clearly that this is one medication that really helps and does not have to worry about sedation or cognitive effects. The burning although the cream itself is produced some burning he had made deeper ache and burning in his back which is really long term with the capsaicin cream." A note dated September 10, 2013 states "many years ago he was diagnosed with lumbar facet mediated pain and he does continue to have symptoms consistent with this syndrome. He did undergo diagnostic facet injections. These were positive in diagnostic value in that they did give him pain reduction." The note goes on to state "he is using more medication now than previous. He is able to decrease his usage of medication after his injections." The note goes on to state "the only part of this request that is slightly outside of the ODG guidelines is the fact that more than 2 levels are being requested, it is apparent that this has worked well for him." The note goes on to state "patient does have muscle spasms which are incapacitating. Frequency and severity of muscle spasm are decreased with use of Flexeril. His function is improved after using the Flexeril, he is able to do activities of daily living about 50% better including personal hygiene activities." An appeal letter dated September 12, 2013 states "please acknowledge the today we are modifying our request to a bilateral lumbar radiofrequency ablation at L4 – 5 and L5 – S1 only." The note goes on to state "neurotomies should not be repeated unless duration of relief from the 1st procedure is documented for at least 12 weeks at greater than or equal to 50% relief." A procedure report dated October 15, 2013 identifies the procedure performed including bilateral L2, L3, L4, L5 radiofrequency ablation as well as L2, L3, L4, L5 medial branch block." A note dated November 29, 2012 states "he feels as though overall his facet injections are wearing off and he is starting to have more back pain."

IMR DECISION(S) AND RATIONALE(S)

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

1. Bilateral permanent lumbar facet injection at L2-5 (AKA radiofrequency ablation) is not medically necessary and appropriate.

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Low Back Section, Facet Joint Radiofrequency Neurotomy, which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), Radiofrequency neurotomy, pages 300 & 309, which is part of the MTUS, and the Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (injections), Facet Joint Radiofrequency Neurotomy, which is not part of the MTUS.

The Physician Reviewer's decision rationale:

Regarding the request for "bilateral permanent lumbar facet injections at L2 – 5 (a.k.a. radiofrequency ablation)", MTUS/ACOEM guidelines state that there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerve in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Lumbar facet neurotomies reportedly produced mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. Regarding repeat radiofrequency neurotomy, ODG guidelines state that repeat neurotomies should not be performed unless there is duration of relief from the 1st procedure for at least 12 weeks at greater than or equal to 50%. Additionally, ODG guidelines state that approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medications, and documented improvement in function. They recommend no more than 2 joint levels are to be performed at one time. Within the documentation available for review, there is no specific identification of reduction in VAS score, or percent reduction in pain, as a result of previous radiofrequency ablations. Additionally, the request for radiofrequency ablation at L2 – L5 is clearly more than the maximum two joint levels recommended by guidelines. **Bilateral permanent lumbar facet injections at L2 – 5 (a.k.a. radiofrequency ablation) is not medically necessary and appropriate.**

2. 1 prescription of Capsaicin 0.075% is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Capsaicin, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Capsaicin, page 112-113, which is part of the MTUS.

The Physician Reviewer's decision rationale:

Regarding the request for capsaicin, Chronic Pain Medical Treatment Guidelines recommend capsaicin only as an option in patients who have not responded to or are intolerant to other treatments. Within the documentation available for review, the

requesting physician has not identified that the patient is intolerant to, or has not responded to other treatments. In the absence of such documentation, the current request for capsaicin is not medically indicated. **The request for 1 prescription of Capsaicin 0.075% is not medically necessary and appropriate.**

3. 1 prescription of Cyclobenzaprine 7.5mg #90 is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Muscle Relaxants for Pain, pages 63-66, which is part of the MTUS

The Physician Reviewer's decision rationale:

Regarding the request for cyclobenzaprine, Chronic Pain Medical Treatment Guidelines state that muscle relaxants are recommended with caution as a 2nd line option for short-term treatment of acute exacerbations in patients with chronic low back pain.

Regarding cyclobenzaprine specifically, guidelines go on to state that it is recommended for a short course of therapy. Limited, mixed evidence does not allow for recommendation for chronic use. Within the documentation available for review, there is no indication that cyclobenzaprine is being used for a short course of therapy for acute exacerbation. As such, the currently requested cyclobenzaprine is not medically indicated. **The request for 1 prescription of Cyclobenzaprine 7.5mg #90 is not medically necessary and appropriate.**

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

[REDACTED]

CM13-0021593