

Case Number:	CM13-0004472		
Date Assigned:	06/06/2014	Date of Injury:	05/19/2009
Decision Date:	07/28/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	07/29/2013

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. The expert reviewer is Board Certified in Preventive Medicine, has a subspecialty in Occupational 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 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

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

This patient is a 37 year old employee with a date of injury of 5/19/2009. Medical records indicate the patient is undergoing treatment for status post total hip arthroplasty and avascular necrosis of hip (chronic), lumbrosacral strain, lumbar facet syndrome and hip degenerative joint disease. Subjective complaints include a tender right groin area, and right upper back muscle aching. The patient reports symptoms much improved and he does not take pain medication anymore and does not feel as much back tightness. On a pain scale of 0-10, he rates pain 0-2. Objective findings include on right hip MRI (7/13/2012): no obvious labral abnormality; MR arthrography may better characterize the labrum; mild osteoarthritic changes with mild degenerative osteophyte formation at the femoral head neck junction and suprolateral acetabulum. Suspect subtle mildcartilaginous thinning without underlying subchondral edema to suggest full-thickness cartilaginous injury He can perform heel to toe walk maneuvers unilaterally. He was able to execute a squat to 10% of normal. Treatment has consisted of PT, MRI study; oxycodone, multiple specialty referrals with a spine specialist, left labral tear repair and left total hip replacement on 4/19/2011. He had post-op rehab to include aquatic therapy and land therapy. The utilization review determination was rendered on July 19, 2013 recommending non-certification of a medial branch block at L4, L5, and S1 (joints 2, nerves 3) on the right side; 1 consultation with an orthopedic surgeon within state fund's MPN; 1 prescription of Exalgo XR 8mg #30; 1 prescription of Norco 10/325mg #60; 1 prescription of Flexeril 10mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MEDIAL BRANCH BLOCK AT L4,L5, AND S1 (JOINTS 2, NERVES 3) ON THE RIGHT SIDE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint intra-articular injections (therapeutic blocks)Up to Date, Subacute and chronic low back pain: Nonsurgical interventional treatment.

Decision rationale: The ODG recommends criteria for the use of therapeutic intra-articular and medial branch blocks, are as follows: 1. No more than one therapeutic intra-articular block is recommended. 2. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. 3. If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). 4. No more than 2 joint levels may be blocked at any one time. 5. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy. The ACOEM Guidelines does not recommend Diagnostic Blocks. Similarly, Up to Date states Facet joint injection and medial branch block -- Glucocorticoid injections into the facet joint have not been shown to be effective in the treatment of low back pain. As such, the request is not medically necessary and appropriate.

1 CONSULTATION WITH AN ORTHOPEDIC SURGEON WITHIN [REDACTED] MPN: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 289.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 289, 296.

Decision rationale: The ACOEM Guidelines states concerning low back complaints: "Physical examination evidence of severe neurologic compromise that correlates with the medical history and test results may indicate a need for immediate consultation. The examination may further reinforce or reduce suspicions of tumor, infection, fracture, or dislocation." A history of tumor, infection, abdominal aneurysm, or other related serious conditions, together with positive findings on examination, warrants further investigation or referral. A medical history that suggests pathology originating somewhere other than in the lumbosacral area may warrant examination of the knee, hip, abdomen, pelvis or other areas. The treating physician has not provided the specific goal of the orthopedic referral and has not provided documentation to meet the above ACOEM Guidelines for referral to an orthopedic specialist for low back complaints. As such the request is not medically necessary.

1 PRESCRIPTION OF EXALGO XR 8MG #30: 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): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids, Pain.

Decision rationale: Exalgo (Hydromorphone) is a pure agonist/short acting opioid and they are often used for intermittent or breakthrough pain. The ODG does not recommend the use of opioids for low back pain except for short use for severe cases, not to exceed 2 weeks. The patient has exceeded the 2 week recommended treatment length for opioid usage. The MTUS Chronic Pain Guidelines does not discourage the use of opioids past 2 weeks, but does require an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. As such, the request is not medically necessary and appropriate.

1 PRESCRIPTION OF NORCO 10/325MG #60: 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): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The ODG does not recommend the use of opioids for neck and low back pain except for short use for severe cases, not to exceed 2 weeks. The patient has exceeded the 2 week recommended treatment length for opioid usage. The MTUS Chronic Pain Guidelines does not discourage use of opioids past 2 weeks, but does require an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. As such, the request is not medically necessary and appropriate.

1 PRESCRIPTION OF FLEXERIL 10MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), Medications for chronic pain Page(s): 41-42, 60-61. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: UpToDate, Flexeril.

Decision rationale: The MTUS Chronic Pain Guidelines states Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. UpToDate also recommends Flexeril on a short-term basis (2-3 weeks) for treatment of muscle spasms associated with acute, painful musculoskeletal conditions. The medical documentation provided does not establish the need for long term/chronic usage of Flexeril, which the MTUS Guidelines advise against. As such, the request for Flexeril 10MG #60 is not medically necessary.