

Case Number:	CM13-0016075		
Date Assigned:	10/11/2013	Date of Injury:	05/09/2013
Decision Date:	01/27/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	08/23/2013

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 and Rehabilitation 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. 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:

The patient is a 45-year-old male who reported an injury on 05/09/2013. The patient had a history of chronic low back pain radiating into the bilateral lower extremities. The patient's medications included Norco 10/325 mg and Robaxin. The patient is regularly monitored for aberrant behavior by urine drug screens. Physical findings included tenderness to palpation over the bilateral L4-5 and L5-S1 facet joints. The patient had a negative straight leg raising test with 5/5 lower extremity muscle strength and intact sensation. Previous treatments included physical therapy, nonsteroidal antiinflammatory drugs, and an epidural steroid injection. The patient's diagnoses included bilateral L4-S1 lumbar facet joint pain and facet joint arthropathy, lumbar sprain/strain, lumbar disc protrusion with radiculopathy, lumbar degenerative disc disease, lumbar stenosis, and hypertension. The patient's treatment plan included a medial branch block at the L4 through S1 facet joints and continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoroscopically-guided bilateral L4-5 and bilateral L4-5 and bilateral L5-S1 Medical Branch Block(MBB): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Injections, Diagnostic.

Decision rationale: The requested fluoroscopically guided bilateral L4-5 and bilateral L5-S1 medial branch block are medically necessary and appropriate. The clinical documentation submitted for review does provide evidence that the patient has facet mediated pain that causes a decrease in range of motion. Although the patient does have a diagnosis of radiculopathy, there are no radicular symptoms in the most recent clinical examination. Additionally, the patient has failed to respond to conservative measures to include medications and physical therapy. Official Disability Guidelines(ODG), recommend facet joint injections for diagnostic purposes for well documented facet mediated pain that is unresponsive to conservative treatment. ODG do not recommend medial branch blocks for patients with radiculopathy. The most recent clinical documentation submitted for review does not provide any evidence of radicular findings. As the patient has well documented facet mediated pain that restricts range of motion and has been recalcitrant to conservative therapy, a medial branch block would be supported by guideline recommendations. As such, the fluoroscopically guided bilateral L4-5 and bilateral L5-S1 medial branch block is medically necessary and appropriate.

Norco 10/325mg 1 tab po tid #90 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78.

Decision rationale: The requested Norco 10/325 mg 1 tablet 3 times a day #90 with 2 refills is medically necessary and appropriate. The clinical documentation submitted for review does provide evidence that the patient has significant pain relief as a result of medications. The patient has pain rated 7/10 that is reduced to a 2/10 with the use of this medication allowing the patient to work. The clinical documentation submitted for review does provide evidence that the patient is monitored for aberrant behavior. California Medical Treatment Utilization Schedule recommends the continued use of opioids for management of chronic pain be supported by pain relief, documented functional benefit, control of side effects, and monitoring for aberrant behavior. The clinical documentation submitted for review does provide evidence that the patient meets the criteria for continued use of opioids. As such, the requested Norco 10/325 mg 1 tablet by mouth 3 times a day #90 with 2 refills is medically necessary and appropriate.

Robaxin 750mg 1 tab po tid #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The requested Robaxin 750 mg 1 tablet by mouth 3 times a day #60 with 2 refills is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient receives pain relief and is able to work as a result of this medication. However, California Medical Treatment Utilization Schedule does not support the long-term use of muscle relaxants in the management of chronic pain. The clinical documentation submitted for review does not provide evidence of exceptional factors to support extending treatment beyond guideline recommendations. Therefore, continuation of this medication would not be indicated. As such, the requested Robaxin 750 mg 1 tablet by mouth 3 times a day #60 with 2 refills is not medically necessary or appropriate.