

Case Number:	CM13-0023016		
Date Assigned:	11/15/2013	Date of Injury:	04/30/2000
Decision Date:	12/15/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	09/11/2013

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 Orthopedic Surgery and is licensed to practice in Arizona. 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 is a 64-year-old male with a date of injury of 4/30/2000. Patient carries a diagnosis of failed back syndrome with left lower extremity radiculopathy, failed neck surgery syndrome, diffuse osteopenia, and hypogonadism. The patient received medial branch blocks on 8/14/2012. There is no description of the results. He takes MS Contin 120 milligrams 3 times a day and Dilaudid 8 mg either once or twice a day. The progress note of 4/17/2013 states the patient's overall improvement today is 0%. His pain score is 8 and his mood, activity, and sleep are worse. He recently wrenched his back and his symptoms are back to baseline. The progress note of 5/16/2013 states the patient has an overall improvement of 20%. His pain score is 7 and his mood and activity have improved. His back is feeling better over the last several months. A request is made for medial branch blocks at L3-4, L4-5, and L5-S1 and a possible S1 block as well. There is also request to fill is MS Contin and Dilaudid which he has been taken since, at least, 8/23/2011.

IMR ISSUES, DECISIONS AND RATIONALES

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

FACET BLOCK AT BILATERAL L3-4, L4-5 AND L5-S1 OR MEDIAN BRANCH BLOCK AT L3, L4, L5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Facet Injections

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back <facet blocks

Decision rationale: This CA MTU S guidelines state that facet blocks are of questionable merit. Many physicians feel that these injections may have benefit in patients presenting in the transitional phase between a acute and chronic pain. This patient is well passed the transitional phase and has chronic neck and back pain with radiculopathy. The O DG criteria for facet blocks state that no more than 2 joint levels may be injected at one session and that they should not be given in patients with radicular pain. Therefore since more than 2 levels are requested and since the patient has radicular pain and since the patient is well passed the transition phase between acute and chronic pain, the medical necessity for facet blocks of has not been established.

MS CONTIN 60MG (#180): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: In order to justify the ongoing use of opioids, there has to be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There is no documentation of this in the recent progress reports. There should be use of drug screening to detect issues of abuse, addiction, or poor pain control. There is no documentation of this in the recent progress notes. There should be documentation of misuse of medication. Again, there is no such documentation. In addition, there does not appear to be any overall improvement in function from month-to-month, this is a reason for discontinuing the medication. Finally, the recommended dose of opioids should not exceed 120 mg of oral morphine equivalent per day. This patient's dosage far exceeds the recommended dose. Therefore for all the above reasons, the medical necessity for continuing the use of opioids has not been established.

DILAUDID 8MG (#60): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: In order to justify the ongoing use of opioids, there has to be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There is no documentation of this in the recent progress reports. There should be use of drug screening to detect issues of abuse, addiction, or poor pain control. There is no documentation of

this in the recent progress notes. There should be documentation of misuse of medication. Again, there is no such documentation. In addition, there does not appear to be any significant functional improvement from month-to-month, this is a reason for discontinuing the medication. Finally, the recommended dose of opioids should not exceed 120 mg of oral morphine equivalent per day. This patient's dosage far exceeds the recommended dose. Therefore for all the above reasons, the medical necessity for continuing the use of opioids has not been established.