MAXIMUS Federal Services

Case Number:	CM13-0026371		
Date Assigned:	11/22/2013	Date of Injury:	12/27/2001
Decision Date:	02/03/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/19/2013

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 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 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 applicant is a represented [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of December 27, 2001. The applicant has alleged derivative psychological stress and insomnia, it is further noted. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; muscle relaxants; a TENS unit; prior medial branch blocks; and transfer of care to and from various providers in various specialties. In a Utilization Review Report of September 4, 2013, the claims administrator, approved a request for Motrin, denied a request for Ambien, denied a request for medial branch blocks, and partially certified Norco, Butrans, and Neurontin for weaning or tapering purposes. The applicant's attorney later appealed. In a November 27, 2013 note, the applicant reports persistent low back pain radiating to left leg, 3/10 with medication and 9/10 without medications. The applicant has intermittent insomnia. He is on Butrans, Ambien, Norco, Motrin, Neurontin, and Skelaxin, it is stated. He does exhibit a normal gait in the clinic setting with limited range of motion. It is stated that the applicant requires the ongoing usage of medications to control his symptoms. The attending provider takes exception to the claims administrator's using an anesthesiologist to do the prior utilization review. Independent medical review is sought. It is stated that the applicant is using medications to avoid surgical intervention. It is stated that the applicant is using Skelaxin two to three times a week. It is stated that the applicant previously benefited from prior medial branch blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

1medial branch block at L4-5 and L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: The Physician Reviewer's decision rationale: Both the attending provider and claims administrator have acknowledged that the applicant has had prior medial branch blocks in the past. As noted in the MTUS-adopted ACOEM guidelines in Chapter 12, medial branch blocks are an investigational or diagnostic measure which should lead to pursuit of facet neurotomies, if successful. In this case, however, there is no evidence that the previous medial branch blocks were successful. The applicant's continued dependence on several different analgesic and adjuvant medications, a TENS unit, and seeming failure to return to work, taken together, imply that the previous medial branch blocks were unsuccessful. Accordingly, the request is not certified owing to a lack of functional improvement as defined in MTUS 9792.20f.

Butrans patch 25mcg: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 27, 80.

Decision rationale: As noted on page 27 of the MTUS Chronic Pain Medical Treatment Guidelines, there are some advantages in terms of pain control with Butrans or buprenorphine. Butrans is considered an effective choice in some individuals who are habituated to other opioids. The applicant appears to be such an individual. The applicant seemingly meets at least two of the three criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy, at least as of the date of the request. Specifically, he does report reduction in pain and improved function as a result of ongoing Butrans usage, although it does not appear that he has returned to work. On balance, continuing Butrans in this context is indicated. Therefore, the request is certified.

Norco #180: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

Decision rationale: The Physician Reviewer's decision rationale: The documentation on file does suggest that the applicant has experienced a reduction in pain scores from 3/10 with medications to 9/10 without medications. There is also some self-report that the applicant is

stating improved performance of non-work activities of daily living as a result of opioid usage. Continuing Norco in the face of the same is indicated. Therefore, the request is certified.

Neurontin 300mg #90 with 11 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19.

Decision rationale: While page 19 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse usage of Neurontin or gabapentin for various chronic pain conditions, particularly those with neuropathic component, the MTUS also states that Neurontin should be used on a trial basis. Providing a one-year supply of this medication without interval reassessment of the applicant is not indicated as there is no evidence that the applicant would continue to demonstrate ongoing benefit through usage of Neurontin. Since the attending provider is apparently making several other changes in the applicant's medication profile from visit to visit, it is difficult to support the one-year supply of Neurontin being proposed here. Therefore, the request is not certified, on Independent Medical Review.

Ambien 5mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: As noted in the ODG chronic pain chapter, zolpidem or Ambien topic, zolpidem or Ambien should be used for as short a period of time as possible, typically on the order of two to six weeks. Zolpidem or Ambien is not recommended on a chronic, long-term or scheduled basis, as is being proposed here. Therefore, the request is not certified. Since the MTUS does not address the topic, alternate guidelines were selected.